



FOR OFFICE USE ONLY:			
DATE RECEIVED	SCHOOL	REF No.	YEAR

APPEAL AGAINST AN ADMISSION DECISION

PREFERRED SCHOOL			
REQUESTED DATE OF ADMISSION		YEAR GROUP OF PUPIL	

PUPIL'S DETAILS

PUPIL'S SURNAME		DATE OF BIRTH	DAY	MONTH	YEAR
PUPIL'S FIRST NAME(S)				MALE / FEMALE*	
PUPIL'S HOME ADDRESS					
	POSTCODE				
PRESENT SCHOOL					

PARENT/GUARDIAN'S DETAILS

TITLE	FIRST NAME	SURNAME			
RELATIONSHIP TO CHILD					
HOME ADDRESS (IF DIFFERENT FROM CHILD'S)					
POSTCODE					
HOME ☎	EMAIL			MOBILE ☎	

DO YOU WISH TO ATTEND THE APPEAL COMMITTEE IN PERSON? YES/NO*

- Please state most convenient time of day for you to attend:-.....ampm
- Dates unavailable to attend.....

(Although every effort will be made, it may not be possible to comply)

- Will you be accompanied by a friend, supporter or professional representative? YES/NO*
- Will you require the services of an interpreter? YES/NO*
- If yes, please tell us which language you require?

(*Delete as appropriate)

REASONS FOR APPEAL



(Continue on a separate sheet if necessary)

Date _____ Signature _____

IMPORTANT: PLEASE COMPLETE IN BLACK INK

- (1) This form should be fully completed and sent by post to the Admissions Appeals, Flying High Trust, 2a Vickery Way, Chilwell, Nottingham NG9 6RY or by email to appeals@flyinghightrust.co.uk . Please return your form within 28 days of the date of the letter notifying you of the decision to refuse admission to the preferred school.
- (2) This appeal form will be acknowledged on receipt. If you do not receive a letter/email within 10 days, please contact the Flying High Trust on 0115 989 1915.