



IMPORTANT: PLEASE COMPLETE IN BLACK INK

PREFERRED SCHOOL	
REQUESTED DATE OF ADMISSION	

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 - We'll use this address to write to you if different to child's address)	POSTCODE				
HOME ☎	WORK ☎		MOBILE ☎		
EMAIL ADDRESS					

DO YOU WAIVE YOUR RIGHT TO 10 DAYS' NOTICE? YES/NO*

If you waive your right to 10 school days' notice this may mean we are able to hear your appeal earlier. Legally, you should receive 10 school days' notice of your appeal date, unless you choose to waive that right.

DO YOU WISH TO BE PRESENT AT THE HEARING? YES/NO*

WHAT IS YOUR PREFERRED WAY OF ATTENDING THE HEARING?

(face-to-face at County Hall, West Bridgford/video call using Microsoft Teams/not attending)

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ARE THERE ANY OTHER OPTIONS THAT WOULD ALSO BE SUITABLE FOR YOU?

(tick appropriate box/boxes)

- Face to face at County Hall, West Bridgford Video call using Microsoft Teams Not attending

