



The Joseph Whitaker School
An Academy specialising in Sport and Performing Arts



APPEAL AGAINST A DECISION NOT TO ADMIT A CHILD

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		NAME OF SCHOOL OFFERING PLACE (YEAR 6-7 ONLY)			
REQUESTED DATE OF ADMISSION			YEAR GROUP		

PARENT/CARER'S DETAILS

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

DO YOU WISH TO ATTEND THE APPEAL PANEL IN PERSON?

- Dates unavailable to attend: _____

[Although every effort will be made to find a convenient date, this may not be possible]

- Will you be accompanied by a representative?
- Will you require the services of an interpreter?

Do you have any mobility or specialist needs which the Panel should be aware of? If so, please specify:

I declare that I believe all of the information contained on this form is truthful and accurate.

Signature	Date
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- (1) This form should be fully completed and sent to Admissions, The Joseph Whitaker School, Warsop Lane, Rainworth, Nottinghamshire NG21 0AG.**
- (2) This appeal form will be acknowledged on receipt. If you do not receive any letter within 10 days, please contact Admissions at the above address or by telephone on 01623 792327.**
- (3) For Y7 admissions only the form needs to be returned by Friday 3rd April 2026**