



**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			
REQUESTED DATE OF ADMISSION			YEAR GROUP		

*PARENT/CAARER'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?      YES/NO\*

- 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?      YES/NO\*
- Will you require the services of an interpreter?      YES/NO\*    [\*Delete as appropriate]
- Do you have any mobility or specialist needs which the Panel should be aware of? If so, please specify:

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