



**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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# REASONS FOR APPEAL

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[Continue on a separate sheet if necessary]

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

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**IMPORTANT: PLEASE COMPLETE IN BLACK INK**

- (1) This form should be fully completed and sent to the 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 Thursday 1 April 2021