



Request for an Admission Appeal

Please complete this appeal form in black ink. PLEASE COMPLETE BOTH SIDES OF THE FORM AS FULLY AS POSSIBLE,

Details of parent or carer

Full name: _____
Home Address: _____

Postcode: _____
Telephone number(s): Home: _____ Daytime: _____

Details of child for whom you are appealing

Full name: _____

Date of birth: _____

Special Educational Needs

Does your child have a Statement of Special Educational Need? YES / NO
or
Is he or she being assessed? *(please delete as appropriate)* YES / NO

School details

Child's present school: _____
School(s) to which admission
has been offered by
Nottingham City Council: _____

Attendance at an appeal hearing

Do you wish to attend a hearing of your appeal? YES / NO
Do you intend to be represented at a hearing or accompanied by a friend? YES / NO
If **YES**, please give details:
Name of representative/friend: _____
Occupation: _____
Address: _____

Reasons for appeal

(A copy of the Academy's Admissions Procedure for the current school year should be supplied with this form.)

It is important to provide the Independent Admission Appeals Panel with full details so that the Panel has all the information which may be relevant to your case.

Please give details of the reason for your appeal under grounds (A) or (B) below, in relation to the Academy's Admissions procedures.

I wish to appeal against the decision not to offer my child(ren) a place at the Nottingham University Samworth Academy because:

A) I believe that the decision to refuse admission was not one which a reasonable admission authority would make, given the following circumstances:

or

B) I believe that my child would have been offered a place if the admission arrangements had been properly implemented:

(If you wish to submit documentary evidence in support of your appeal it should be attached. Please continue on a separate sheet if necessary.)

Declaration

I wish to appeal against the decision of the Nottingham University Samworth Academy not to offer my child(ren) a place. I confirm that all the information I have provided is accurate. I also agree to whatever checks may be carried out to verify accuracy.

Signed: _____ Date: _____

This form must be returned as soon as possible to:

The Appeals Clerk, c/o Head of School's Office, Nottingham University Samworth Academy,
Bramhall Road, Bilborough, Nottingham, NG8 4HY.