APPEAL AGAINST REFUSAL TO ADMIT

The Nottingham Emmanuel School

|  |  |
| --- | --- |
| Child’s Details | |
| Legal Forename: |  |
| Legal Surname: |  |
| Address including postcode: |  |
| DOB: |  |
| Gender: |  |
| Current Primary School: |  |
| Parent/Carer Details | |
| Full name: |  |
| Relationship to child named above: |  |
| Address including postcode: |  |
| Contact number: |  |
| Email address: |  |
| How would you like a Stage Two hearing to be heard? | Face to Face  Video  Telephone |

*Please turn over*

**Reasons for Appeal**- please use the space below to explain the reasons you wish to appeal (Continue on a separate sheet if necessary).

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this completed form to before 29 March 2021:**

Mrs L Gray, Senior Administrator

The Nottingham Emmanuel School

Gresham Park Road

West Bridgford

Nottingham

NG2 7YF