

THE NOTTINGHAM EMMANUEL SCHOOL

Notice of Appeal Against Refusal to Admit

In Year (Applications outside of the Normal Year 6-7 transfer)



Guidance Information

1. This form should be completed in black or blue ink and returned either by post or email to the following...
Post: F.A.O Clerk to the Independent Appeals Panel, c/o The Nottingham Emmanuel School, Gresham Park Road, West Bridgford, Nottingham, NG2 7YF **Email:** appeals@archwaytrust.co.uk
2. This for should be completed and submitted within 20 school day of receiving the notification of refusal.

SECTION A - CHILD'S DETAILS			
Legal Surname:		Legal Forename:	
Date of Birth:		Gender:	
Address:			
Postcode:			
Current School:			

SECTION B - PARENT/CARER DETAILS <small>(Please provided details of person with parental responsibility who can be contacted regarding the appeal)</small>			
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Relationship to Child:	
Surname:		Forename:	
Address:			
Postcode:			
Home Phone:		Mobile:	
Email:			

SECTION C - COVID 19 (CORONAVIRUS) UPDATE				
<p>To ensure that the stage two appeal hearings are as accessible as possible for all, should stage two be reached the following options for your appeal to be heard will be offered; in person (with social distancing measures in place), video conference, or telephone conference. Please identify below, in order of preference 1-3, which format you would prefer to have your appeal heard in, 1 being your highest preference and 3 being your least. <i>Please be aware this is only an initial question to support in scheduling provisional hearing dates/times and that you will be asked to formally confirm your choice further in the process.</i></p>				
Order of preference 1- 3 for Stage Two Hearing				
In Person:		Video Conference:		Telephone Conference:

SECTION D - REASONS FOR APPEAL

Please use the space below to explain the reasons you wish to appeal

Large empty rectangular area for writing reasons for appeal.

Continue on a separate sheet if necessary and attach to this form

Parent/Carer Signature:		Print Name:		Date:	
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