#

*Chellaston Academy Received*

*Date:*

# APPEALS AGAINST NON-ADMISSION OF PUPIL TO CHELLASTON ACADEMY

*Please complete this form in* ***BLACK*** *ink & return to Chellaston Academy.*

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| **STUDENT DETAILS** |

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| **Name of Child** |  | **Date of Birth** |  |
| **Place Requested for** | Year 7/Year8/Year 9/Year 10/Year 11 (Pease circle relevant Year Group) |
| **Start Date** |  |

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| **PARENT/GUARDIAN DETAILS** |

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| **Name of Parent/Guardian** |  | Title: Mr/Mrs/Miss/Ms |
| **Address** |  |
| **Postcode** |  |
| **Contact Details** | Home Tel: | Work Tel: |
| Mobile Tel: | Email: |

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| **CURRENT SCHOOL** |
| **Name of Current/Previous School Attended** |  |
| **School Address** |  |
| **School Telephone No: (including area code)** |  |

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| **Reasons for Appealing Against the Admissions Decision** |
| You may, if you wish, submit further evidence of reasons on a separate sheet. |

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| **Please return completed form to:** | Admission & Appeals AdministratorChellaston Academy, Swarkestone Road, Chellaston, Derby, DE73 5UBEmail: admissions@chellaston.derby.sch.uk |

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| **APPLICATION SIGNATURE** |

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| **Signed** |  | **Date** |  |