

# Year 7 Transition Appeal against non-admission



**LEES BROOK  
COMMUNITY  
SCHOOL**

## SECTION 1 - STUDENT INFORMATION

Legal Surname:		Legal Forename:	
Middle Name:		Preferred Forename:	
Date of Birth:		Gender:	
Home Address:		Postcode:	
Current School:			
School Offered:			
Is the child in care?	If yes, by which authority		

## SECTION 2 - PARENTAL INFORMATION (Please provide details of the persons with parental responsibility in priority order as stated)

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:				Legal Surname:			
Middle Name:				Legal Forename:			
Date of Birth:				First Language:			
Address:				Postcode:			
Home Telephone No:				Mobile Telephone No:			
Email Address:							

## SECTION 3 - PLEASE STATE YOUR REASONS FOR YOUR CHOICE OF SCHOOL AND WHY YOU ARE APPEALING

**SECTION 4 - ANY ADDITIONAL INFORMATION** (please include any additional information to explain why you are appealing)

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<b>Parent/Carer Signature:</b>		<b>Print Name:</b>	
<b>Relationship to Child:</b>		<b>Date:</b>	



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