



**THE BULWELL
ACADEMY**
*Creative
Education
Trust*

The Bulwell Academy
Squires Avenue
Bulwell
Nottingham NG6 8HG

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Date received:	Year Group:
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ADMISSION APPEAL FORM

Requested Date of Admission	
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PUPIL DETAILS

Pupil Surname		Date of Birth	Day	Month	Year
Pupil First Names(s)			Male / Female*		
Pupil Home Address					
	Postcode				
Present School					

PARENT/CARER DETAILS

Title	First Name	Surname			
Relationship to Child					
Home Address (if different from the child's)					
	Postcode				
Home ☎	Work ☎		Mobile ☎		
Email address					

Please indicate if you will require any access arrangements for the appeal hearing _____
