



The South Wolds  
Academy  
and Sixth Form

### ACCEPTANCE / DECLINE REPLY SLIP Admission for September 2025

**CHILD'S NAME:** .....

If you are aware that your child has special educational needs please tick here and give details below.

.....

.....

If there is any other information we need to be aware of please email Mr Gell, Head of Year  
agell@southwolds.notts.sch.uk

As parent/carer of the above child I acknowledge receipt of this notice and confirm that I **do wish to accept** a place at The South Wolds Academy and Sixth Form for September 2025

As parent/carer of the above child I acknowledge receipt of this notice and confirm that I **do not wish to accept** a place at The South Wolds Academy & Sixth Form for September 2025

I/we have been offered a place at .....school

I have logged my choice of school with the relevant local authority

Signed: .....(parent/carer)

Print name: .....

Date:.....

**PLEASE NOTE WE ARE A PAPERLESS SCHOOL. ALL CORRESPONDENCE WILL BE SENT OUT VIA EMAIL OR TEXT MESSAGING. PLEASE COMPLETE THIS FORM AND SEND TO SHEENA WALKER USING THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.**

**THANK YOU**