



### Academy Appeal Form



Appeal against refusal to admit to a preferred secondary school

Please complete in full and return to the relevant school using the contact details on the School's website.

#### Details of Child/Children Appealing for Place at School

Child 1		Child 2	
Legal Surname:		Legal Surname:	
Legal Forename(s):		Legal Forename(s):	
Date of Birth:		Date of Birth:	
Gender		Gender	
Does your child have SEN Diagnosis? (Statement/EHCP)	Yes No	Does your child have SEN Diagnosis? (Statement/EHCP)	Yes No
Is your child looked after by the Authority?	Yes No	Is your child looked after by the authority?	Yes No
Is your child adopted from care?	Yes No	Is your child adopted from care?	Yes No
Do you live in the catchment area of the school?	Yes No	Do you live in the catchment area of the school?	Yes No
Current School:		Current School:	
Are you applying for a place for this academic year or next?		This year	Next
Have you appealed for any other school (List in priority order)?	1.	2.	3.

#### Family Information

Parent 1		Parent 2	
Title:		Title:	
First name:		First name:	
Surname:		Surname:	
Parental Responsibility	Yes No	Parental Responsibility	Yes No
Child(ren)'s Current Address: <small>The address of the normal residence of the parent who has care of the child(ren)</small>			
If you have recently moved or are going to shortly, please give this address:			
Home Telephone number (inc code):			
Mobile Number:			
Work Number (inc Code):			
Main contact email address:			
Is either parent employed by the school?	Yes	No	

#### Siblings (Aged 0-16)

Name of Sibling	Date of Birth	Current Pre-School/School

#### Notice Period

At a later date the Head of Legal and Democratic Services, Clerk to the Appeals Panel, will send a notice of the date and time of the Appeal Panel's hearing together with a copy of the Authority's response. At that stage, you will be asked whether you wish to attend the hearing, with or without a representative.

Appeal hearings take approximately 3 weeks to arrange. The School will give parents 14 days' notice of the date of an appeal hearing. If parents are prepared to shorten the normal period of notice, it may be possible to arrange an earlier appeal.

Do you wish to shorten the normal 14 days' notice period?	Yes	No
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### Written Supporting Statement

In the space provided below please clearly state the reasons (in order of priority) for your appeal. (Continue on a separate piece of paper if necessary) **If you do not state your reasons it may not be possible to schedule an appeal hearing.**

### Are there any medical reasons for appeal?

### Declaration

I certify to the best of my knowledge the information given is correct. I understand that by signing this form I am also giving permission for my name and address to be checked against Telford & Wrekin Council's Council Tax Records.

I have parental responsibility for this child. Declaration (to be signed by Parent/Carer)

Signature of  
Parent/Carer:

Date:

Details given on this form may affect the outcome of your appeal. Details of your child's address are particularly important, and all information may be checked by the LA. Information may also be requested from another education authority, school, college or other place of education for the purposes of verifying your child's previous educational placement. We may withdraw any school place offered if the information you have provided is found to be fraudulent or intentionally misleading.

### School/Administration Use only

Log Number:

Date submitted to  
Academy:

Child(ren) on waiting  
list?

Child(ren) in  
Catchment?

Child(ren) from a  
feeder school?

Date submitted to LA  
Admissions: