

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 | | Yes | No | Does your child have SEN | | Yes | No | |
| Diagnosis? (Statement/EHCP) | | | | Diagnosis? (Statement/EHCP) | | | | |
| Is your child looked after by the | | Yes | No | Is your child looked after by the Ye | | Yes | No | |
| Authority? | | | | authority? | | | | |
| Is your child adopted from care? | | Yes | No | Is your child adopted from care? Yes | | No | | |
| | | | | | | | | |
| Do you live in the catchment area | | Yes | No | Do you live in the catchment area Yes | | No | | |
| of the school? | | | | of the school? | | | | |
| Current School: | | | | Current School: | | | | |
| Are you applying for a place for this academic | | | nic yea | ar or next? This year | | Ne | ext | |
| Which year group are you applying for a place in | | | ace in $\widehat{\mathfrak{s}}$ |) | | | | |
| Have you appealed for any other school | | ool | 1. | 2. | 3 | | | |
| (List in priority order)? | | | | | | | | |
| | | | | | | | | |
| Family Information | | | | | | | | |

| Family Information | | | | | | |
|--|-----|---|----------|-------------------------|-----|----|
| Parent 1 | | | Parent 2 | | | |
| Title: | | | | Title: | | |
| First name: | | | | First name: | | |
| Surname: | | | | Surname: | | |
| Parental Responsibility | Yes | N | lo | Parental Responsibility | Yes | No |
| Child(ren)'s Current Address: The address of the normal residence of the parent who has care of the child(ren) | | | | | | |
| 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 | | | | |
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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 t | the normal 14 days' notice | period? | Yes | No | | | |
|--|----------------------------|-------------------------------------|--------------------|----------|--|--|--|
| | | | | | | | |
| | Written Suppor | - | | | | | |
| | - | ne reasons (in order of prio | | | | | |
| possible to schedule an a | | y) If you do not state your | reasons it ma | y not be | | | |
| possible to schedule an a | appear nearing. | | | | | | |
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| Ano there any modical | manage for annual? | | | | | | |
| Are there any medical reasons for appeal? | | | | | | | |
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| 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 Date: | | | | | | | |
| Signature of | | Da | te: | | | | |
| Parent/Carer: Details given on this form may | | peal. Details of your child's addre | ess are particular | V | | | |
| 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 | | Child(ren) in | | | | | |
| list? | | Catchment? | | | | | |

| Child(ren) from a | Date submitted to LA | |
|-------------------|----------------------|--|
| feeder school? | Admissions: | |