

YEAR

Please complete **all sections** of this form and return to enquiries@holyltrinity.academy

1	Name of child/children	First Name	Surname
	Please write in BLOCK CAPITALS		
2	Date(s) of birth	Day: Month: Year:	Gender (please circle)
			Boy Girl
			Boy Girl
3	Name of parent(s) (state Mr, Mrs, Miss, Ms etc)		
4a	Child(ren)s current address (that is the address of the normal residence of the parent who has care of the child)		
			Postcode
4b	If you have recently moved or are going to shortly, please give this address:		
			Postcode
4c	Date of house move		
5	Telephone numbers on which you can be contacted:		
	Home:	Work:	Mobile:
6	Does your child have a Statement of Special Educational Needs/Education Health &Care Plan? YES / NO		
			delete as appropriate
7	Is your child ' Looked After ' by a Local Authority? (Sometimes referred to as 'in care')		
			YES / NO delete as appropriate
8	Current School your child is attending now:		
8a	Any other secondary schools your child has attended (please give dates):		
9	School(s) you want to appeal for:		
	1	_____	
	2	_____	

10. Please fill in details of any brothers and sisters (aged 0-16) of the child you are appealing for.

Name	DOB	School/Pre-school Attended

- 11 At a later date the Head of Legal & Democratic Services, Clerk to the Appeal 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.
- 12 Appeal hearings take approximately 3 weeks to arrange as the Local Authority (LA) is normally obliged to 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.
- 13 Do you wish to shorten the normal 14 days notice period? YES/NO
*delete as appropriate

In the space provided below please state clearly 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.**

Declaration (to be signed by Parent).

Details given on this appeal 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.

I certify that 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

Signature of Parent: _____

Date: _____