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**Appeal against refusal to admit to**

**a preferred Primary School.**

Please note: This form cannot be used for Hadley Learning Community – Primary Phase, Redhill Primary Academy or Thomas Telford Primary Free School – please contact those schools directly to appeal.

2025/26

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Please complete **all sections** of this form and once completed email to: admissions@telford.gov.uk

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| --- | --- | --- | --- | --- | --- |
| **1** |  | | First Name | | Surname |
|  | Name of child | |  | |  |
| **2** | Date(s) of birth | | Day: Month: Year: | | Gender (please circle) |
|  | | Boy Girl |
| **3** | Name of parent(s) (state Mr, Mrs, Miss, Ms etc) | | | | |
| **4a** | Child’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 and ensure that your address evidence has been sent to the Admissions Team    Postcode | | | | |
| **4c** | Date of house move |  | | | |
| **5** | Telephone numbers on which you can be contacted:  Home: Work: Mobile: | | | | |
| **6** | Does your child have an Education Heath and Care Plan? YES / NO  delete as appropriate | | | | |
| **7** | Is your child ‘**Looked After’** by a Local Authority? YES / NO  (Sometimes referred to as ‘in care’) delete as appropriate | | | | |
| **8** | School that the child is attending now: | | |  | |
| **9** | School you want to appeal for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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

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| Name | DOB | School/Pre-school Attended |
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1. You will receive formal notification of the date and time when the Appeal Panel will hear your case. We will provide at least 14 days’ notice of the hearing date.
2. Alongside this notification, you will be sent a copy of the appeal statement submitted by the Admission Authority.
3. At that stage, you will be asked to confirm how you wish to attend the hearing. You may choose to:

* Attend in person
* Attend with a representative (e.g. legal advisor, advocate, or friend)
* Attend via Microsoft Teams
* Not attend, in which case the panel will consider your written submission only.

1. Do you wish to waive the standard 14-day notice period? YES/NO

\*delete as appropriate

**Please clearly outline the reasons for your appeal in the space provided below, listing them in order of priority**. It is important to provide detailed reasons, as if your appeal is heard in your absence, the panel will make its decision based solely on the written information you submit.

**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, 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: