



Ercall Wood Academy

Appeal Form

Appeal against refusal to admit to a preferred Secondary school

Please complete in full and return to:-
Administration, Ercall Wood Academy, Golf Links Lane, Wellington Telford TF1 2DT
E-mail: admin@ercallwood.co.uk

FOR OFFICE USE ONLY

CHILD'S / CHILDREN'S DETAILS

CHILD 1	CHILD 2
Legal Surname	Legal Surname
.....
Legal Forename(s)	Legal Forename(s)
.....
Date of Birth	Date of Birth
Gender	Gender

FAMILY INFORMATION

Name of Parent(s) state Mr, Mrs, Miss, Ms etc

.....

Child(ren)'s current address the address of the normal residence of the parent who has care of the child(ren)

.....

.....

.....Post Code.....

If you have recently moved or are going to shortly, please give this address

.....

.....

Date of move..... Post Code.....

Home telephone

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Mobile Phone

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Work telephone

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E-mail.....

FURTHER INFORMATION

Does your child have SEN (Statement/EHCP) requirements (mark appropriate box)

Yes	No
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Is your child looked after by the Local Authority (mark appropriate box)

Yes	No
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School your child is attending now

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SIBLINGS

Name DOB and School/Pre-School attended by any brothers & sisters (aged 0-16)

1.....

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2.....

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3.....

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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?

(mark appropriate box)

Yes

No

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.**

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.