



Mid-Year Transfer Appeal Form

Complete in full and return to:- Admissions Department, The Telford Park School, Grange Avenue, Stirchley, Telford, Shropshire, TF3 1FA

CHILD'S DETAILS

Legal Forename(s)		Date of Birth	__ / __ / ____
Middle Name(s)		Gender	Male/Female
Legal Surname(s)		Current School Year Group	

PARENT'S DETAILS

Name of Parent/Carer (1)	State Mr, Mrs, Miss, Ms etc	Name of Parent/Carer (2)	State Mr, Mrs, Miss, Ms etc
Child's current address (The address of the normal residence of the parent who has care of the child).		If you have recently moved house or are going to be shortly, please provide this address.	
Postcode		Postcode	
Telephone Number(s) on which you can be contacted:		Date of House Move:	
Home Telephone No:		Mobile Telephone No:	
Work Telephone No:		Email Address:	

FURTHER INFORMATION

Which school is your child currently attending?	
Has your child attended any other secondary schools? (please provide dates)	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark as appropriate) If yes, please provide school name and dates of attendance
Does your child have a Statement of Special Education Need or an Education Health and Care Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark as appropriate) If yes, please provide details on the next page)
Does your child have any SEN Requirements? (Special Education Need)	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark as appropriate) If yes, please provide details on the next page)
Is your child looked after by the Local Authority? (Sometimes referred to as 'in care')	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark as appropriate) If yes, please provide details on the next page)

ADMISSIONS

Have you contacted Telford & Wrekin Admissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark as appropriate)
Has your child been offered another school by Telford & Wrekin Admissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark as appropriate) If yes, please state which school _____
Have you appealed for a school place elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark as appropriate) If yes, please state which school _____
Do you have any appeals for other schools pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark as appropriate) If yes, please state which school _____ Date of appeal hearing _____

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

I attach a copy of my child's latest school report Yes No (mark as appropriate)

At a later date you will be sent a notice of the date and time of the Appeal Panels hearing together with a copy of the Academy'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 as the Academy 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.

Do you wish to shorten the normal 14 days notice period? Yes No (mark as appropriate)

DECLARATION

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 with the Local Authority. 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 have parental responsibility for the child detailed in this Appeals Form. I certify that the information I have provided is accurate to the best of my knowledge.

Signature of Parent\Carer _____ Date _____