

Appeal Against Decision to Refuse Admission to Madeley Academy Year 7 Intake for September 2020

To be completed by Parent/Carer(s) in black or blue ink using **BLOCK CAPITALS** please

Child's first name(s):		Surname:	
Date of birth:		Gender:	BOY / GIRL Delete as appropriate
Primary School Being Attended Now:			
Child's current address (that is the address of the normal residence of the parent/carer who has care of the child):	Postcode:	Telephone N° (Home):	
Telephone N° (mobile):		Telephone N° (work):	
If you have recently moved or are going to shortly, please provide this address:	Postcode:	Date of house move (if applicable):	
Does your child have a Statement of Special Educational Needs?	YES / NO Delete as appropriate	Is your child "in care"?	YES / NO Delete as appropriate
Name of Parent/Carer(s):	(state Mr, Mrs, Miss, Ms etc)		

Please provide details of brothers and sisters (aged 0-16) of the child this appeal is for:

Name	Date of Birth	School/Pre-School Attended

At a later date you will receive notice of the date and time of the Appeal Panel's hearing when you will be asked whether you wish to attend the hearing, with or without a representative. The annual Appeal hearings take place Monday 27 April – Thursday 30 April 2020

Parent/Carer's Statement:

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)

Declaration (to be signed by Parent/Carer(s):

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 Academy. 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 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.

Signature of Parent/Carer(s):		Date:
Name(s) of Parent/Carer(s) BLOCK CAPITALS		

**PLEASE HAND OR POST THIS FORM TO:
ADMISSIONS APPEALS, MADELEY ACADEMY, CASTLEFIELDS WAY, MADELEY, TELFORD, TF7 5FB**