Thomas Telford Primary Free School

Appeal Form for Admission to Thomas Telford Primary Free School Academic Year 2026 – 2027

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
Year Group Requested:			
Primary School/Nursery 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:**		**Parent/Carer Telephone N° (Home):**
Parent/Carer Telephone N° (mobile):		**Parent/Carer Telephone N° (work):**	
Parent/Carer Email Address:			
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. Appeal hearings in the academic year can take up to 4 weeks to arrange and the Academy will endeavour to provide as much notice as possible.

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, THOMAS TELFORD PRIMARY FREE SCHOOL, GEORGE LEES AVENUE, PRIORSLEE, TF2 5AB