

Full Name of Child:

Appeal Form for Infant/Junior/Primary Schools

This form should only be used to appeal for Swainswick Church School

This completed form should be returned by email by 14th May 2021 to admissions_transport@bathnes.gov.uk alternatively you can post it to Admissions & Transport, People & Communities Department, Lewis House, Manvers Street, Bath BA1 1JG.

As this form will be photocopied please complete it in BLACK ink.

| Child's Date of Birth: | |
|---|---|
| Address of Child: | |
| | |
| | Postcode: |
| Written By: | Name of parent/carer |
| Daytime Telephone Number(s): | Home: |
| Number(s). | Mobile: |
| Name of School Appealing for and Preference Number: | Preference No (ie 1 st ,2 nd ,3 rd) |
| Reasons for Preference/Grounds for Appeal | |
| Any information you wish to submit in support of your appeal should be sent in by you, if possible, with your letter of appeal. | |
| Please indicate if supporting evidence is included with this appeal letter. YES/NO (delete as appropriate) | |
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| | (Please Continue Overleaf if needed) |
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| Reasons for Preference/Grounds for Appeal (continued) | |
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