

## Appeal Form - Co-ordinated Admission Scheme Transfer to Secondary Education

## This form should only be used to appeal for Wellsway School

This completed form should be returned by the requested date to: The Clerk to the Governors for Wellsway School, c/o Admissions & Transport, Bath & North East Somerset LA, Lewis House, Manvers Street, Bath, BA1 1JG or by email: <u>Admissions\_transport@bathnes.gov.uk</u>

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

Written By:	Name of parent/carer		
Full Name of Child:			
Child's Date of Birth:			
Address of Child:			
	Postcode:		
Daytime Telephone			
Number(s):			
Email:			
Name of School appealing for:	Wellsway		
Name of School Appealing for and Preference Number:	Preference No (i.e. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> or 5 <sup>th</sup> )		

## 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*)

(Please Continue Overleaf if needed)				

Reasons for Preference/G	rounds for Appeal (cont	inued)	
Signed:		Date:	
If attaching additional she	ets, please tick this box		