SOMERVALE SCHOOL

Appeal Form
Co-ordinated Admission Scheme
Transfer to Secondary Education

This form should only be used to appeal for Somervale School

This completed form should be returned by the requested date to Clerk to the Appeals Panel c/o Admissions & Transport, Bath & North East Somerset Council, Lewis House, Manvers Street, Bath, BA1 1JG or by email admissions_transport@bathnes.gov.uk

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:	**Somervale**
Please state Preference Number for this school:	**Preference No (i.e. 1st, 2nd, 3rd, 4th or 5th)**

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/Grounds for Appeal (continued)

Signed: …… **Date:** ……

If attaching additional sheets, please tick this box ☐