

**Appeal Form for Infant/Junior/Primary Schools (NP Form)**

**This form should only be used to appeal for Shoscombe Church School**

**This completed form should be returned by email by the requested date 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.**

|  |  |
| --- | --- |
| **Full Name of Child:** |  |
| **Child’s Date of Birth:** |  |
| **Address of Child:** |  **Postcode:** |
| **Written By:** | ***Name of parent/carer*** |
| **Daytime Telephone Number(s):** | **Home:****Mobile:** |
| **Name of School Appealing for and Preference Number:** |  **Preference No (ie 1st,2nd,3rd)** |

**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**