

Full Name of Child:

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

This form should only be used to appeal for Widcombe C. of E. Junior

This completed form should be returned by the requested date by email to admissions_transport@bathnes.gov.uk or for those without this facility to the Postal Address at: 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: | |
| | 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) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | (Please Continue Overleaf if needed) | |
| | | |

| Reasons for Preference/Grounds for Appeal (continued) | | |
|-------------------------------------------------------|-------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Signed: | Date: | |