

# Appeal Statement Transfer to Secondary 2017



ONLY USE THIS FORM TO APPEAL FOR A NORTH SOMERSET SCHOOL

<b>Name of Applicant:</b>			
<b>Relationship to Child:</b>			
<b>Daytime telephone number(s):</b>			
<b>Name of Child:</b>			
<b>Child's Date of Birth:</b>			
<b>Address of Child:</b>			
<b>School Appealing for:</b>			
<b>Signature of Applicant:</b>		<b>Date:</b>	
<i>I certify that I am the person with parental responsibility for the child named above and the information given is true and to the best of my knowledge and belief.</i>			

Please give reasons for your appeal. Should your reasons for appeal include issues/grievances at your child's present or previous school, please be aware a copy of your appeal may be passed to the school for comments. You may attach additional sheets and any supporting information if you wish.

**If attaching additional sheets please tick box** ✓

If the reasons for your appeal include your child's medical condition you are advised to provide a letter from your doctor/hospital to support your case. **Do you consent to the Council passing the letter to a Paediatrician/Health Authority for their opinion?**

Please tick ✓  **Yes**  **No**

**Please return this form with any supporting documents you wish to provide to:**

North Somerset Council  
School Admissions Team  
Town Hall  
Walliscote Grove Road  
Weston-super-Mare  
BS23 1UJ

*Please turn over*

**My reasons for appealing are:**  
(Please attach additional sheets if necessary)