

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 <a href="mailto:admissions\_transport@bathnes.gov.uk">admissions\_transport@bathnes.gov.uk</a> 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 <sup>st</sup> ,2 <sup>nd</sup> ,3 <sup>rd</sup> )
your letter of appeal.	submit in support of your appeal should be sent in by you, if possible, with evidence is included with this appeal letter. YES/NO (delete as appropriate)
needed)	(Please Continue Overleaf if
necueu)	

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

If attaching additional sheets please tick this box