OLDFIELD SCHOOL

Appeal Form
Co-ordinated Admission Scheme
Transfer to Secondary Education

## This form should only be used to appeal for Oldfield School

**Once completed this form should be returned by the requested date to:**

**The Clerk to the Governors, Oldfield School, Kelston Road, Bath, BA1 9AB or emailed to:**
**enquiries@oldfieldschool.com**

**As this form will be photocopied please complete it in BLACK ink.**

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|---|---|
| **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:** | **Oldfield School** |
| **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)*

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| **(Please Continue Overleaf if needed)** |

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

**If attaching additional sheets, please tick this box** ☐