



Appeal Form  
Co-ordinated Admission Scheme  
Transfer to Secondary Education

This form should only be used to appeal for Chew Valley School.

This completed form should be returned by the requested date to:  
The Clerk to the Governors

C/o Admissions & Transport, Bath & North East Somerset LA, Lewis House, Manvers Street,  
Bath, BA1 1JG.

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

Written By:	<i>Name of parent/carer</i>
Full Name of Child:	
Child's Date of Birth:	
Address of Child:	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="text-align: right;">Postcode:</div>
Daytime Telephone Number(s):	
Name of School Appealing for and Preference Number:	Preference No (i.e. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> or 5 <sup>th</sup> )

**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)

