



# Appeal Form

**This completed form should be returned by the requested date to Clerk to the Appeals Panel**  
**c/o Admissions & Transport, Bath & North East Somerset Council, 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></div> <div></div> <div></div> <div>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 )

( Please Continue Overleaf if needed)

