

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

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="text-align: right;">Postcode:</div>
Daytime Telephone Number(s):	
Name of School Appealing for:	Oldfield School
Please state Preference Number for this school:	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)

