

Appeal Form - Co-ordinated Admission Scheme Transfer to Secondary Education

This form should only be used to appeal for Ralph Allen School

This completed form should be returned by the requested date to: Clerk to the Appeals Panel for Ralph Allen School, Claverton Down Road, Combe Down, Bath BA2 7AD.

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

Name of parent/carer

Written By:

Full Name of Child:					
Child's Date of Birth:					
Address of Child:					
	Postcode:				
Daytime Telephone Number(s):					
Preference Number:	Preference No (i.e. 1 st , 2 nd , 3 rd , 4 th 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)					
(Please Continue Overleaf if needed) Reasons for Preference/Grounds for Appeal (continued)					

If attaching additional sheets please tick this box

