Appeal Form Co-ordinated Admission Scheme Transfer to Secondary Education

This form should only be used to appeal for St Gregory's Catholic College

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

Mrs Hannah Quinn – Admissions Officer, St Gregory's Catholic College Combe Hay Lane Odd Down Bath BA2 8PA

Written By:

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

Name of parent/carer

Full Name of Child:	
Child's Date of Birth:	
Address of Child:	
	Postcode:
Daytime Telephone Number(s):	
Name of School Appealing for:	ST GREGORY'S CATHOLIC COLLEGE
Please state Preference Number for this school:	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	