



Appeal Form for BATHWICK ST. MARY CHURCH SCHOOL

This form should only be used if you wish to make a formal appeal for a place at Bathwick St. Mary Church School. Please note you have 20 school days from the date of the notification letter within which to prepare and lodge your appeal.

Once completed please return the appeal form to: Mrs Clare Turner, Bathwick St. Mary Church School, Darlington Road, BATH BA2 6NN

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

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| Full Name of Child: | |
| Child's Date of Birth: | |
| Address of Child: | <hr/> <hr/> |
| | Postcode: <hr/> |
| Written By: <i>Please print name of parent/carer & indicate title.</i> | <i>Title: Mr/Mrs/Ms/Other</i> |
| | <i>Signature of Parent/Carer:</i> _____ <i>Date:</i> _____ |
| Daytime Telephone Number(s): | Home: _____ Mobile: _____ |
| Name of School Appealing for and Preference Number: | Preference No (ie 1 st , 2 nd , 3 rd) |

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*)

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| (Please Continue Overleaf if needed) |
| Reasons for Preference/Grounds for Appeal (continued) |

