

Written By:

Full Name of Child:

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:

Name of parent/carer

The Clerk to the Governors, Oldfield School, Kelston Road, Bath, BA1 9AB or emailed to: enquiries@oldfieldschool.com

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

Child's Date of Birth:	
Address of Child:	
	Postcode:
Daytime Telephone Number(s):	
Email:	
Name of School Appealing for:	Oldfield School
Please state Preference Number for this school:	Preference No (i.e. 1 st , 2 nd , 3 rd , 4 th or 5th)
Reasons for Preference/Gr	rounds for Appeal
your letter of appeal.	submit in support of your appeal should be sent in by you, if possible, with evidence is included with this appeal letter. YES/NO (delete as appropriate)
	(Please Continue Overleaf if needed)

asons for Preference/Grounds for Appeal (continued)					