

Written By:

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

## This form should only be used to appeal for Wellsway School

This completed form should be returned by the requested date to: The Clerk to the Governors for Wellsway School, c/o Admissions & Transport, Bath & North East Somerset LA, Lewis House, Manvers Street, Bath, BA1 1JG or by email: <a href="mailto:Admissions\_transport@bathnes.gov.uk">Admissions\_transport@bathnes.gov.uk</a>

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

Name of parent/carer

Child's Date of Birth:  Address of Child:  Postcode:  Daytime Telephone Number(s): Email:  Name of School appealing for:  Wellsway  Preference No (i.e. 1st, 2nd, 3rd, 4th or 5th)	
Postcode:  Daytime Telephone Number(s):  Email:  Name of School appealing for:  Wellsway  Preference No (i.e. 1st, 2nd, 3rd, 4th or 5th)	
Daytime Telephone Number(s):  Email:  Name of School     appealing for:  Wellsway  Preference No (i.e. 1st, 2nd, 3rd, 4th or 5th)	
Daytime Telephone Number(s):  Email:  Name of School     appealing for:  Wellsway  Preference No (i.e. 1st, 2nd, 3rd, 4th or 5th)	
Number(s):  Email:  Name of School Wellsway appealing for:  Name of School Preference No (i.e. 1st, 2nd, 3rd, 4th or 5th)	
Name of School  Appealing for:  Wellsway  Preference No (i.e. 1st, 2nd, 3rd, 4th or 5th)	
appealing for:  Name of 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> )	
Appealing for and Preference Number:	
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 your letter of appeal.  Please indicate if supporting evidence is included with this appeal letter. YES/NO (delete as appropriate)	e, with
(Please Continue Overleaf if needed)	

Reasons for Preference/Grounds for Appeal (continued)
f attaching additional sheets, please tick this box