



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:

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.

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| Written By: | Name of parent/carer |
| Full Name of Child: | |
| Child's Date of Birth: | |
| Address of Child: | <hr/> <hr/> <hr/> 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 5 th) |

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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