Wellsway School
A Specialist Sports and Science Academy

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: Admissions_transport@bathnes.gov.uk

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

Written By:	***Name of parent/carer***
Full Name of Child:	
Child's Date of Birth:	
Address of Child:	_____ _____ _____ **Postcode:**
Daytime Telephone Number(s):	
Email:	
Name of School appealing for:	**Wellsway**
Name of School Appealing for and Preference Number:	**Preference No (i.e. 1st, 2nd, 3rd, 4th 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)

Signed: …… **Date:** ……

If attaching additional sheets, please tick this box ☐