Appeal Form for Bathampton Primary School for In Year Applications

This form should only be used if you wish to make a formal appeal

Once completed please return the form by the requested date to:

The school office office@bathampton.bwmat.org

Bathampton Primary School,
Tyning Road, Bathampton,
Bath BA2 6TQ

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

Full Name of Child:	
Child's Date of Birth:	
Address of Child:	_____ _____ _____ **Postcode:**
Written By:	***Name of parent/carer***
Daytime Telephone Number(s):	**Home:** **Mobile:**

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)

If attaching additional sheets please tick this box ☐