Bath & North East Somerset Council

Appeal Form

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

Once completed please return the form by the requested date via email to; enquiries@freshford.bwmat.org.

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:**
Name of School:	

Reasons/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/Grounds for Appeal (continued)**

Signed: …… **Date:** ……

If attaching additional sheets, please tick this ☐ **box**