

**Letter of Appeal – In-Year School Admissions**

**Ordinary Prejudice Appeal**

**Parent/Carer Contact Details – BLOCK CAPITALS**

Parent/Carer Name \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_

Alternative Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_

**Child's Details**

First Name(s): \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

**Reasons for Preference/Grounds for Appeal:**

**Please provide your grounds for appeal in writing as soon as possible. An appeal hearing cannot be set up until the written grounds for appeal are received. *If required, please continue on a separate sheet.***

**Signed (Parent/Carer):** \_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please return to:**

**School Admissions (City Hall), PO Box 3399, 100 Temple Street, BRISTOL, BS1 9NE**