



Letter of Appeal – Bristol Metropolitan Academy

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: Bristol Metropolitan Academy