Secondary School Appeal Form 2024

| Pupil ID |  | |
| --- | --- | --- |
| Name of pupil |  | |
| Date of birth |  | |
| Address |  | |
| Telephone contact numbers |  | |
| Email address |  | |
| Name of school  appealing for |  | |
| **Reasons for Appeal:**    Please continue on a separate sheet if you wish.  If you or your child have a disability which you believe is relevant to your appeal, please tick this box.  If you intend to send a more detailed letter after you have returned this form, please tick this box. | | |
| Signed (parent) |  | Date |
| Print name (parent) Mr/Mrs/Ms/Miss |  | |