**Secondary School Appeal Form 2024**

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| 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:  If you intend to send a more detailed letter after you have returned this form, please tick: | |
| Signed (parent) |  |
| Print name (parent) Mr/Mrs/Ms/Miss |  |
| Date |  |