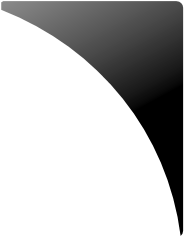
Secondary School Appeal Form 2024



|  |  |
| --- | --- |
| 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 believe that you or your child has a disability that 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) |  |
| Print name (parent) Mr/Mrs/Ms/Miss |  |
| Date |  |