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	

Kent County Council
kent.gov.uk