Secondary School Appeal Form2024

Pupil ID	
Name of pupil	
Date of birth	
Address	
Telephone contact numbers	
Email address	
Name of school appealing for	
Before completing, p	please refer to the school FAQ.
	eals Panel intends that your appeal will be conducted under a virtual setting s. All paperwork will be issued to you electronically and further instructions will me.
virtually, and you do no information/evidence th	e an equality consideration that prevents you from accessing the hearing of have reasonable support to do so, provide your reasons below and any nat would support your case. There would need to be clear grounds to identify or the appeal to be heard.
be able to make a prop	ork your child may have undertaken <u>will not be accepted</u> as the Panel will not beer judgement about its quality. The members would have nothing to measure of know the depth of the work submitted. Also, they would not know whether ried out unaided.
Reasons for Appea	l:
Please continue on a	separate sheet if you wish
If you or your child ha	ve a disability which you believe is relevant to your appeal, please tick:
If you wish your appea	al to be heard under an alternative format to virtually, please tick:
If you intend to send a more detailed letter after you have returned this form, please tick:	
Signed (parent)	
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Print name (parent) Mr/Mrs/Ms/Miss	
Date	