

Secondary School Appeal Form 2025

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| Pupil ID | |
| Name of pupil | |
| Date of birth | |
| Address | |
| Telephone contact numbers | |
| Email address | |
| Name of school appealing for | |

Before completing, please refer to the school FAQ.

The Independent Appeals Panel intends that your appeal will be conducted under a virtual setting using Microsoft Teams. All paperwork will be issued to you electronically and further instructions will be issued nearer the time.

If you can demonstrate an equality consideration that prevents you from accessing the hearing virtually, and you do not have reasonable support to do so, provide your reasons below and any information/evidence that would support your case. There would need to be clear grounds to identify an alternative format for the appeal to be heard.

Examples of school work your child may have undertaken **will not be accepted** as the Panel will not be able to make a proper judgement about its quality. The members would have nothing to measure it against and would not know the depth of the work submitted. Also, they would not know whether the work had been carried out unaided.

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 wish your appeal 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:

Would you be happy to receive less than 10 school days notice of your appeal date being scheduled (Yes/No):

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| Signed (parent) | |
| Print name (parent) Mr/Mrs/Ms/Miss | |
| Date | |