## Primary School Appeal Form 2025

Pupil ID	
Name of pupil	
Date of birth	
Address	
Telephone contact numbers	
Email address	
Name of school appealing for	
Before completing, ple	ase refer to the school FAQ.
	s Panel intends that your appeal will be conducted under a virtual setting using erwork will be issued to you electronically and further instructions will be issued
you do not have reasona	n equality consideration that prevents you from accessing the hearing virtually, and ble support to do so, provide your reasons below and any information/evidence that . There would need to be clear grounds to identify an alternative format for the appeal
Reasons for Appeal:	
Please continue on a se	eparate 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 m	nore detailed letter after you have returned this form, please tick:
Signed (parent)	
Print name (parent) Mr/Mrs/Ms/Miss	
Date	