Primary School Appeal Form2021

Pupil ID	
Name of pupil	
Date of birth	
Address	
Telephone contact numbers	
Email address	
Name of school appealing for	
Before completing, per their website.	please refer to the school generic defence statement and FAQ located on
Appeals Panel are sati and intend to make the	ergency regulations issued by the Department for Education, the Independent sfied that it is not possible to offer remote access for appeals for this school er decisions based on the written evidence submitted only. Further cess can be found in the FAQ on the school's website.
do not have reasonal convenience. Although	y consideration that prevents you from providing a written statement and you ble support to do so, you are to make the school aware at your earliest the Panel would have a duty to consider your reasons, there would need to em to identify an alternative format for your appeal to be heard.
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 intend to send a	a more detailed letter after you have returned this form, please tick:
Signed (parent)	
Print name (parent) Mr/Mrs/Ms/Miss	
Date	