Pupil ID	
Name of Pupil	
Date of Birth	
Address	
Telephone Contact Numbers	
Email Address	
Name of School Appealing for	
Before completing, plea	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 sep	parate sheet, if you wish.
If you or your child have a	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	ore detailed letter after you have returned this form, please tick:
Signed (parent)	
Print name (parent) Mr/Mrs/Ms/Miss	
Date	