

Primary School Appeal Form 2026

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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.

Reasons for Appeal:

Please continue on a separate sheet if you wish

PLEASE CONFIRM THE BELOW:

- Would you be happy to receive less than 10 school days notice of your appeal date being scheduled?

(Yes/No):

- If you intend to send a more detailed letter after you have returned this form

(Yes/No)

- Do you require a translator (please provide the language) or signer to be arranged?

(Yes/No)

- If you or your child have a disability which you believe is relevant to your appeal

(Yes/No) please give detail:

- If you wish for your appeal to be heard under an alternative format to virtually

(Yes/No) if yes, please see the below.

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.

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