Secondary School Appeal Form 2026

Pupil ID	
Name of pupil	
Date of birth	
Current School	
Address	
Tel	
Email address	
Appealing for	

Reasons for Appeal:

Please continue on a separate sheet if you wish

If you believe that you or your child has a disability that is relevant to your appeal, please tick this box. ☐

If you intend to send a more detailed letter after you have returned this form, please tick this box. ☐

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

Kent County Council
kent.gov.uk