|  |  |
| --- | --- |
| Pupil ID |  |
| Name of Pupil |  |
| Date of Birth |  |
| Address |  |
| Contact Number |  |
| Email Address |  |
| Name of School Appealing for | The Holmesdale School |

|  |  |
| --- | --- |
| Signed  (Parent/Carer) |  |
| Print Name |  |
| Date |  |

|  |
| --- |
| *Reasons for Appeal:*  *Please continue on a separate sheet if you wish.*  *If you or your child have a disability which you believe is relevant to your appeal, Please tick this box* |