



## Highsted Grammar School Appeal Form 2024

Pupil ID	
Name of pupil	
Date of birth	
Address	
Telephone contact numbers	
Email address	
Reason for appeal	
<p>Please continue on a separate sheet if you wish</p> <p>If you or your child have a disability which you believe is relevant to your appeal, please tick:</p> <p>If you intend to send a more detailed letter after you have returned this form, please tick:</p>	
Signed (parent/carer)	
Print name (parent/carer) Mr/Mrs/Ms/Miss	
Date	

This form should be attached to an email and returned to [appeals@highsted.kent.sch.uk](mailto:appeals@highsted.kent.sch.uk)