



Secondary School Appeal Form

| Pupil ID | | |
|---------------------------------------|---|--|
| Name of pupil | | |
| Date of birth | | |
| Address | | |
| | | |
| | | |
| Telephone contact numbers | | |
| Email address | | |
| Current School | | |
| Reasons for Appeal: (P | lease continue on a separate sheet if necessary) | |
| If you or your child have a | disability which you believe is relevant to your appeal, please tick: | |
| Signed (parent) | | |
| Print name (parent) Mr/Mrs/Ms/Miss | | |
| Date | | |
| | | |

Please return to: The Clerk to the Governors, Mayfield Grammar School, Pelham Road, Gravesend DA11 0JE Or Email: <u>Appeals@mgsg.kent.sch.uk</u>