

# Westlands Secondary School Appeal Form 2025/26

Pupil ID	
Name of Pupil	
Date of Birth	
Address	
Telephone Contact Numbers	
Email Address	
Name of School Appealing for	Westlands Secondary School
Reasons 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 this box. <input type="checkbox"/></p> <p>If you intend to send a more detailed letter after you have returned this form, please tick this box. <input type="checkbox"/></p>	
Signed (Parent/Carer)	
Print Name (Parent/Carer) Mr/Mrs/Ms/Miss	
Date	