



## Highsted Grammar School Appeal Form 2026-2027

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)