The Canterbury Academy



Part of The Canterbury Academy Trust Knight Avenue, Canterbury, CT2 8QA Tel: 01227 463971

Email: enquiries@canterbury.kent.sch.uk Website: www.canterburyacademy.co.uk

Secondary School Appeal Form 2025

Pupil ID	
Name of pupil	
Date of birth	
Address	
Telephone contact numbers	
Email address	
Name of school appealing for	

In partnership with Simon Langton Grammar School for Boys to provide a grammar school band for boys and girls in a comprehensive school for all the talents

The Canterbury Academy Sixth Form The Enterprise and Employability College The Youth and Community Service City View Pre School and Nurseries Ltd The Canterbury Primary School The Canterbury Academy City View, Franklyn Road Canterbury CT2 8PT City View, Franklyn Road Canterbury CT2 8PT Knight Avenue Canterbury CT2 8QA Knight Avenue Canterbury CT2 8QA Knight Avenue Knight Avenue Canterbury CT2 8QA Canterbury CT2 8QA Tel: 01227 463971 Tel: 01227 462883 Tel: 01227 463971 Tel: 01227 463971 Tel: 01227 463971 Tel: 01227 463971

Before completing, please refer to the school FAQ.		
The Independent Appeals Panel intends that your appeal will be conducted under a virtual setting using Microsoft Teams. All paperwork will be issued to you electronically and further instructions will be issued nearer the time.		
If you can demonstrate an equality consideration that prevents you from accessing the hearing virtually, and you do not have reasonable support to do so, provide your reasons below and any information/evidence that would support your case. There would need to be clear grounds to identify an alternative format for the appeal to be heard.		
will not be able to mal to measure it against	work your child may have undertaken will not be accepted as the Panel ke a proper judgement about its quality. The members would have nothing and would not know the depth of the work submitted. Also, they would not rk had been carried out unaided.	
Reasons for Appea	l:	
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:		
If you wish your appeal to be heard under an alternative format to virtually, please tick:		
If you intend to send a more detailed letter after you have returned this form, please tick:		
Signed (parent)		
Print name (parent) Mr/Mrs/Ms/Mis s		
Date		