

APPEAL AGAINST A PERMANENT EXCLUSION TO AN INDEPENDENT REVIEW PANEL

**Please TYPE OR USE** **BLOCK LETTERS AND BLACK INK**

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| --- |
| **I/We wish for a review to be made against the decision of the Governors SchoolofSchoolschool\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **to uphold the decision of the Headteacher to permanently exclude my son/daughter.** |

|  |  |  |
| --- | --- | --- |
| 1 | Full name of your child |  |
|  |  |  |
| 2 | Date of birth: | Date |  | Month |  | Year |  |
|  |  |  |
| 3 | Title (please tick) | Mr |  | Mrs |  | Ms |  | Other |  |
|  | Full name of parent(s) or guardian(s): |  |
|  |  |  |
| 4 | Relationship to child | Parent |  | Guardian |  | Otherplease state |  |
|  |
| 5 | Home address: |  |
|  |  |  |
|  |  | Postcode |  |
|  |  |  |
| 6 | Home telephone number: |  |
|  |  |  |
| 7 | Mobile telephone number: |  |
|  |  |  |
| 8 | E mail address: |  |
|  |  |  |
| 9 | Name of school which excluded |  |
|  |
| 10 | Does your child have a disability? | Yes |  | No |  | Tick appropriate box) |
|  |  |
| 11 | I/We wish to attend the appeal in person | Yes |  | No |  |  |
| 12 | If no, do you wish the appeal to be heard using the information on this appeal form and accompanied papers? | Yes |  | No |  |  |
| 13 | Name and capacity of other persons who will accompany you to the hearing. |  |
| 14 | Please tell us if you have a disability and need assistance or have any other concerns regarding access. |  |
| 15 | Do you need an Interpreter or bringing a friend | No |  | Yes |  | Friend |  | If so which language? |  |
| 16 | Does your child currently have a statement of Special Educational Needs? | Yes |  | No |  |
| 17 | Are there any days of the week when you would not be able to attend a hearing? |  |
| 18 | Do you wish for an SEN expert to be appointed? Please see guide to appeals. | Yes |  | No |  |
| 19 | Would you like the Local Authority to attend? We cannot guarantee they will attend | Yes |  | No |  |
|  |

|  |  |
| --- | --- |
| 20 | My reasons for appealing are:*Please outline your reasons in as much detail as possible. This section* ***MUST*** *be completed otherwise your appeal will not be accepted. Please continue to another sheet if needed.* |

# RETURN THIS FORM TO

**Clerk to the Independent Review Panel**

**PO BOX 367 Cuffley, Herts, EN6 4XZ**

**Declaration and Signature of Parent/Carer**

* I confirm that I have read the letter from the Clerk to Governors and understand the role and powers of the Review Panel. I have already read the booklet about appeals and the grounds under which I may appeal.
* I wish to exercise my right to appeal against a permanent exclusion in accordance with the Education Act 2011.
* I certify that I am the person with parental responsibility for the child named in section 1 and the information given is true to the best of my knowledge and belief.
* I understand that if I do not attend the hearing, my appeal will be heard in my absence using the information I have supplied on this form together with any other information sent to the Clerk to the Appeals Panel before my hearing date.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  |  |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Office use only | Date Received |  | Ack sent E/P |  |