

REVIEW AGAINST PERMANENT EXCLUSION
 (to be held under the Education Act 2002)



WOKINGHAM
BOROUGH COUNCIL

Please complete this form in black ink if possible

PUPIL DETAILS		
PUPIL'S SURNAME	DATE OF BIRTH	AGE
PUPIL'S FIRST NAME(S)	MALE/FEMALE	
SCHOOL (The school from which your child has been permanently excluded)	YEAR GROUP	

PARENT/GUARDIAN DETAILS		
TITLE	INITIALS	SURNAME
RELATIONSHIP TO CHILD		
ADDRESS		
POSTCODE		
CONTACT DETAILS	TEL HOME TEL WORK MOBILE EMAIL	

Please turn over

GROUNDS/REASONS FOR REQUESTING A REVIEW

Please indicate below your reasons for requesting a review. You may attach additional sheets to this form. Any letters you have already sent to the Clerk concerning your appeal will be attached to this form and circulated to the Independent Review Panel.

1. **Disability Discrimination Act:** If your child has a disability, as defined by the Act, and (part of) your case is that your son/daughter has been excluded for a reason related to their disability please provide details.

2. **Race Relations Act** (as amended): if you consider that your child has been victimised, or directly or indirectly discriminated against on racial grounds, and this (part of) your case, please provide details.

3. **Other reasons for review:** Please provide details.

RELEVANT DETAILS		FOR OFFICE USE ONLY Date Review Received
When was your child permanently excluded by the head teacher?		
When did the governing body discipline committee meet to consider the exclusion?		
When did you receive the letter from the governing body confirming the exclusion?		

SIGNATURE	DATE
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SPECIAL REQUIREMENTS: Please tick the box below	
<input type="checkbox"/>	If you require an SEN expert
<input type="checkbox"/>	if you require an interpreter – language required:
<input type="checkbox"/>	if you are deaf and would need a sign interpreter
<input type="checkbox"/>	if you use a wheelchair
<input type="checkbox"/>	if you are blind or partially sighted

Once you have completed your review form, you should return it to:

**Clerk to the Independent Review Panel
Democratic Services
Wokingham Borough Council
Shute End
Wokingham
RG40 1BN**

If you have any queries please telephone, fax or email the number below

**Kathryn Jane
Jill Neto**

**Administrators
Email democratic.services@wokingham.gov.uk
Tel 0118 974 6053**

The information collected on this form will be administered in accordance with the Data Protection Act.