### Application for a Hearing by the Independent Review Panel

Parents who wish to apply for an independent review following a Governing Body decision to permanently exclude a pupil from school should do so on this form. Please use black ink.

The form must be returned by the date specified in the letter which accompanies this form. Please send BOTH via email and post:

**EMAIL:** Governorservices@hackney.gov.uk

**POST:** Governor Services, Hackney Education, 1 Reading Lane, London, E8 1GQ

**To be completed by the parent**

Pupil’s First Name(s): ............................................. Surname: .........................................….

Date of Birth: ..........................................................................................................................

Address: .................................................................................................................................

................................................................................................................................................

Contact telephone numbers: 1................................................. 2 ..........................................

Email:………………………………………………………………………………………………….

Name of School: ......................................................…………..……………............................

| **Reason for the review**(Please saywhy you think the decision was unfair or unreasonable, including, if appropriate, any reference to any disability discrimination claim you may wish to make)  |
| --- |

**Please confirm if you would like an SEN expert to attend**

| Please ✔ | YES |  | NO |  |
| --- | --- | --- | --- | --- |

You have the right to request the presence of a special educational need (SEN) expert at the meeting of the Independent Review Panel, regardless of whether any special need has been recognised to date. The role of the SEN expert will be to provide impartial advice on how special educational need may be relevant to the exclusion, and he/she should advise the panel on whether he/she believes the school acted in a legal, reasonable and procedurally fair manner with respect to any identification of SEN, and any contribution this could have made to the circumstances of the permanent exclusion.

**(For Academies only)**

**Please confirm if you would like a Local Authority Representative to attend**

| Please ✔ | YES |  | NO |  |
| --- | --- | --- | --- | --- |

**Please confirm if you intend to bring a friend or appoint someone to make representations to the Review Panel.**

| Please ✔ | YES |  | NO |  |
| --- | --- | --- | --- | --- |

**Please confirm if you wish to submit any documents to the Independent Review Panel to support the review**.

| Please ✔ | YES |  | NO |  | Do not know at this stage |  |
| --- | --- | --- | --- | --- | --- | --- |

We will confirm a date for submission to ensure papers are circulated in good time.

**Additional information to help the organisation of the meeting**

Do you have a disability or any special needs that would affect your ability to attend the review (if yes please specify)?

Yes/No:…………………………...............................................................................................

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Would you like an interpreter to help you at the review hearing?

If yes, which language do you speak? ...................................................................................

I wish to apply for a review of the Governing Body decision to uphold the decision of the Headteacher to permanently exclude my child from school.

Name(s) of Parent(s) (BLOCK CAPITALS)

:...............................................................................................................................................

Signature(s) of Parent(s): .......................................................................................................

Date: ......................................................................................................................................