Royal Borough of Windsor & Maidenhead
Exclusion: Review Request
The Education Act 2002, as amended by the Education Act 2011

This Review Request is for RBWM Community or Voluntary Controlled Schools ONLY. For Voluntary Aided or Academies please contact the schools directly for details of their review arrangements.

Please read the Parents’ Guide to School Exclusion Review before completing this form

Please complete this form in BLACK INK

Child Details

First name(s)       Gender       Male  Female
Surname            Date of birth
Address and Post Code

School

School your child has been Excluded from
Year group
Date of Exclusion

Special Educational Needs (SEN)

Does your child have a Statement of Special Education Needs?       Yes  No
Do you believe your child to have SEN issues?                     Yes  No
Do you want to request a SEN Expert to attend the Review?         Yes  No
### Parent / guardian / carer details

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<th>Title, Name and Surname</th>
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<th>Specific Relationship to child eg. Mother / Father / Guardian / Carer / Other (please specify)</th>
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<tr>
<th>Address (if different from above)</th>
<th>Telephone Number</th>
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### Interpreter / Signer

- Do you require an Interpreter / signer to assist you on the day in your review? [ ] Yes [ ] No

- Which language do you require: [ ]

### Other claims

- Are you making a Disability Claim to the First-Tier Tribunal for disability discrimination? [ ] Yes [ ] No

- Are you making a claim to the County Court for other forms of discrimination? [ ] Yes [ ] No

### Local Authority Representative

- Do you want the LA Rep to accompany you to your Review? [ ] Yes [ ] No

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**Please Note:** A parent may invite a representative of the local authority to attend a meeting of an Academy’s governing body as an observer; that representative may only make representations with the governing body’s consent. (as per Exclusion Guidance 2012 paragraph 55 and footnote 17)
**Additional Paperwork**

If you have additional paperwork you want to submit, please add it to this form or check with the Administrator / Clerk for a deadline date.

Any paperwork submitted on the day of the appeal should be avoided as this could result in an adjournment.

**Reason requesting a review**

Please give your full reasons why you are requesting a review. Continue on a separate sheet if necessary.

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Continue on a separate sheet if necessary
Declaration and Signature

We / I understand that an Independent Review Panel will look at the procedure followed by the school and governors and the evidence that was put forward and whether the governors make a sound decision.

Yes  No

We / I can confirm that we / I have read the Parents Guide to Exclusion Review and understand the contents contained therein.

Yes  No

We / I understand that the panel cannot reinstate our/my child or “wipe the excluded pupil’s slate clean”

Yes  No

Name of Applicant

Relationship to Child

Do you have parental responsibility for the child?

Yes  No

If you have answered “No” above then this form must also be signed by the person who has parental responsibility.

Signature of person with parental responsibility

Print Name

Date

Returning your completed Review Request and additional information

BY POST

Appeals Administrator
Democrat Service
Town Hall
St Ives Road
Maidenhead
SL6 1RF

Tel: 01628 796529

BY HAND

You can hand in your Review Request and additional information to Town Hall Reception. Please request a receipt from the receptionist.