



Application for Independent Review

Please complete in block letters and black ink.

1. Full Name of Parent or Guardian

2. Home address

3. Mobile/ Daytime Telephone Number

4. Email address

5. Full Name of Excluded Pupil

6. Their Date of Birth

7. Name of the academy which the student has been excluded from

8. Do you wish to attend the hearing?

YES/NO

9. Do you wish to request the appointment of a Special educational needs (SEN) expert at the hearing?

YES/NO

10. Do you want to request a representative of the Local Authority attend the hearing?

YES/NO

11. If you have a disability and need assistance, please give details below:

12. If you need an interpreter or signer, please give details below, including language:

13. Do you wish to be represented at the hearing?

14. If you wish to be represented, please give the following details:

- Name of your representative
- Occupation of representative
- Address of representative
- Telephone Number

15. Please state if you will be legally represented and, if so, provide details (this is at your expense):

16. If you wish to bring a witness or witnesses to the hearing please give the following details:

- Name:
- Occupation

- Address

17. If you wish to bring a witness or witnesses to the hearing please give your reasons:

18. Please state briefly the nature of the evidence your witness or witnesses will provide:

19. Is your child on the academy Special Educational Needs/or disability register?
If yes, please give details.

20. Is your child undergoing any statutory assessment process?
If yes, please give details.

21. Do you believe your child has any special educational needs?
If yes, please give details.

22. Reasons for applying for an independent review. You must put your reasons - (attach extra sheets if necessary)

23. Do you feel your child has been discriminated against for any reason?

If yes, please give details (attach extra sheets if necessary)

24. Any other information you consider relevant to the Review.

Please attach any supporting evidence to this form.

Declaration and Signature of Parent/Carer

I wish to exercise my right to request an independent review. I certify that I am the person with parental responsibility for the child named in section 3 and the information given is true to the best of my knowledge and belief. I understand that if I do not attend the hearing and I do not send a representative my review will be heard in my absence using the information I have supplied on this form along with any other information I have sent to the Trust before my hearing date. I understand that any evidence submitted after the stated deadline may not be considered at my appeal hearing.

Signed: _____ Date: _____

This form must be received within 15 school days of the date of notice from the governing council's exclusion review panel of their decision that your child should not be reinstated at the academy. Please send it to gmgovernance@coopacademies.co.uk.