

[Parent name  
[Address]  
[email address and/or phone number]

**Name and address of who you need to make your application to – this will be in your decision letter from the governors.**

E.g.

The Clerk to the School Exclusions Independent Review Panel,  
Legal and Democratic Services,  
Town Hall,  
The Crofts,  
Moorgate Street,  
Rotherham,

Date: **[insert]**

Re: **[Child's name] [Date of Birth]**

Dear whom it may concern

I would like to request an independent review of the governor's decision not to reinstate **[child's name]** into **[name of school permanently excluded from]**. I would like to also request that a SEN expert be appointed to attend the review and provide impartial advice to the panel about how **[child's name]** SEN could be relevant to the exclusion.

My reasons for requesting the review are:

- **[insert reasons]**
- **[insert reasons]**

I would also like to bring with me **[insert name]** for support in the meeting. *[If this person is from a service e.g. if a member of SENDIASS will be attending to support you, include the workers phone number and email address for invite purposes]*

Kind regards

**[Your name]**

**[Signature]**