



**REQUEST FOR AN APPEAL
Against the Decision to Expel or Suspend a Pupil**

To: Clerk to the Governors

Name of Pupil:

Names of those with Parental Responsibility:

Address of Parents/Guardian:

Telephone numbers: (daytime) (evening)

I/We, being a person with parental responsibility for the above named pupil request that a sub-committee of the Board of Governors carries out a review of the decision to expel or suspend my/our daughter from Redmaids' High Junior School.

I/We have received with this form a copy of the *Appeal Procedures Against the Expulsion or Suspension of a Pupil* and I/we agree to abide by its terms.

I/We also agree that the proceedings are and will remain confidential and that this review will be final, subject to such (if any) legal rights as may exist.

The grounds upon which I/we appeal and the matters which I/we wish the sub-committee to discuss and take into account are attached to this sheet and signed by us.

We understand that the decision of the Appeal Panel is final.

(Two signatures required where practicable)

First Signature.....	Second Signature.....
Full Name	Full Name.....
Relationship to Pupil.....	Relationship to pupil.....
Date.....	Date

**L Brown/Sally Dore Reviewed November 2021
Review date September 2022**