

APPLICATION FOR REVIEW OR REVOCATION OF EXCLUSION

This formal letter is to be completed by the:

- a) parent or carer, of a student aged under 16 years of age if the student lives in the care or control of their parent/carer(s);
- b) student, if the person concerned is aged 16 years or more. (When a student is aged under 16 but does not live in the care or control of a parent/carer, the student should complete the form)

TO: THE DEPUTY SECRETARY LEARNING, DEPARTMENT OF EDUCATION

APPLICANT

PARENT/CARER

STUDENT

STUDENT NAME:

DATE OF BIRTH:

AGE:

YEAR LEVEL:

ED ID:

STUDENT ADDRESS:

PARENT/CARER(S) NAME *(if applicable)*:

ADDRESS *(if different)*:

APPLICANT'S PHONE:

APPLICANT'S EMAIL:

SCHOOL/COLLEGE:

CURRENT PERIOD OF EXCLUSION FROM:

TO:

(inclusive)

REASONS FOR REVIEW/REVOCATION:

I apply for the exclusion of the above student to be reviewed with a view to revocation. The reasons for applying for review/revocation of exclusion are as follows:

APPLICANT'S NAME:

APPLICANT'S SIGNATURE:

DATE: