

APPLICATION FOR REVIEW OR REVOCATION OF PROHIBITION

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 SECRETARY, 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 PROHIBITED FROM: _____

DATE OF PROHIBITION: _____

SCHOOL CURRENTLY ATTENDED (if applicable): _____

REASONS FOR REVIEW/REVOCATION:

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

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____