Dear [parent/carer/learner’s name]  
  
I am writing to inform you of my decision to exclude [learner’s name/you] for a fixed term of [period of exclusion]. This means that [learner’s name/you] will not be allowed in school for the period of the exclusion which began [date].  
  
I realise that this exclusion may well be upsetting for you and your family, but the decision to exclude [learner’s name/you] has not been taken lightly. [learner’s name/you] has been excluded for this fixed term because [reason for exclusion].  
  
Alternative education other than setting work will be provided for [learner’s name/you] if the exclusion has not been overturned within 15 days. A [school’s maintaining local authority] local authority representative will contact you to discuss this.  
  
As the length of the exclusion is more than 15 school days (or equivalent) the discipline committee must automatically meet to consider the exclusion. At the review meeting you may make representations to the committee if you wish to do so. The latest date the committee can meet is [date – no later than 15 school days from the date the discipline committee is notified]. If you wish to make representations to the committee please contact [name of contact] on/at [contact details: address, phone number, email], as soon as possible. You will, whether you choose to make representations or not, be notified by the Clerk to the committee of the time, date and location of the meeting. You may be accompanied by a friend or representative.  
  
You also have the right to see a copy of [learner’s name/your] school record. Due to confidentiality restrictions, you will need to notify me in writing if you wish to be supplied with a copy of [learner’s name/your] school record. I will be happy to supply you with a copy if you request it. There may be a charge for photocopying.  
  
A parent or carer also has the right to make a claim of disability discrimination to the Education Tribunal for Wales (ETW) if they think that the exclusion is because of a disability their child has. The address to which claims should be sent is:  
Education Tribunal for Wales, Welsh Tribunals Unit, PO Box 100, Llandrindod Wells, LD1 9BW.  
  
You [and learner’s name] are requested to attend a reintegration interview with me [alternatively, specify the name of another staff member] at [place] on [date] at [time]. If that is not convenient, please contact the school before [date within the next 10 days] to arrange a suitable alternative date and time. The purpose of the reintegration interview is to discuss how best your child’s/your return to school can be managed.  
  
You may also want to contact XXXXXXXXXXXXX – XXXXXXXXXXXXXXX Schools Inclusion Officer on XXXXXXXXXX or by e-mail at XXXXXXXXXXXXXXXXX – who may be able to advise you. You could also contact SNAP Wales (0808 801 0608 or 01286 675547 / www.snapcymru.org).  
  
[learner’s name/your] exclusion expires on [date] and we expect [learner’s name/you] to be back in school on [date] at [time].  
  
Yours sincerely