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 on [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/have been excluded for this fixed term because [reason for exclusion].

The school will continue to set work for [learner’s name/you] during the period of their/your exclusion [insert details of arrangements that are in place for this]. Please ensure that any work set by the school is completed and returned to us for marking. [For learners over compulsory school age insert the following] As you have been excluded from the school you should arrange for someone to return the work to us on your behalf.

You have the right to request a meeting of the school governors’ discipline committee at which you [and learner’s name where learner is aged less than 11] may make representations and the decision to exclude can be reviewed. As the length of the exclusion is more than 5 school days (or equivalent) the committee must meet if you request it to do so. The latest date the committee can meet is [date – no later than 50 school days from the date the 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 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 xxxxxxxxxxx – xxxxxxxxxxxxxxxxxx Schools Inclusion Officer on xxxxxxxxxxx or by e-mail at xxxxxxxxxxxxxxxxxxxxx – 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