**MODEL LETTER (3)**

### Dear **[Parent/Carer Name]**

I am writing to inform you of my decision to suspend **[Child's Name]** for a fixed period of **[Specify Period]**. This means **[Child's Name]** will not be allowed in school for this period. The suspension begins/began on **[Date]** and ends on **[Date]**.

I realise this suspension may well be upsetting for you and your family, but the decision to **suspend your child** has not been taken lightly. **Your child** has been suspended for this fixed period because **[Reason for Suspension]**.

### **[for pupils of compulsory school age – next 2 paragraphs]**

You have a duty to ensure your child is not present in a public place in school hours during **the first five school days of suspension** , unless there is reasonable justification for this. I must advise you that you may be prosecuted or receive a penalty notice from the Local Authority if your child is present in a public place on the specified dates. It will be for you to show that there is reasonable justification.

Work will be set for your child to complete on any school days missed as part of this suspension. **[Specify the arrangements for this]**. Please ensure that all work set by the school is completed and returned to us promptly for marking.

As your child’s suspension is for a period greater than 5 school days, provision for suitable full-time education will be made available from day 6 of their suspension period [specify date]. [include details of 6th day provision if known or advise parents they will be notified shortly via a further letter]. On **[Date]** he/she should attend at **[Give name and address of the alternative provider]** at **[Specify the time - this may not be identical to the start time of the home/school]** and report to **[Staff member's name]**.

As the length of the suspension is more than 15 school days in total in one term the governing body/management committee must meet to consider the suspension. At the review meeting you may make representations to the governing body/management committee if you wish. The latest date on which the governing body/management committee can meet is **[date here - no later than 15 school days from the date the governing body is notified]**. If you wish to make representations to the governing body/management committee and wish to be accompanied by a friend or representative 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 governing body/management committee of the time, date and location of the meeting. Please advise if you have a disability or special needs which would affect your ability to attend or take part in a meeting at the school. Also, please inform **[Contact]** if it would be helpful for you to have an interpreter present at the meeting.

**[As [child’s name] has a social worker, the social worker will also be invited to attend the meeting.] [As [child’s name] is a Child Looked After, the**

**Head of the [Local Authority Name] Virtual School will also be invited to attend the meeting.]**

You should also be aware that if you think discrimination has occurred under the Equalities Act 2010 in relation to this suspension, you have the right to make a claim to the First-tier Tribunal (for disability discrimination) or a County Court (for other forms of discrimination). The address to which claims should be sent is 1st Floor, Darlington Magistrates Court, Parkgate, Darlington DL1 1RU, e-mail [send@justice.gov.uk](mailto:send@justice.gov.uk). Your claim must be lodged within 6 months of the date of the exclusion. You may access further information on the following link www.justice.gov.uk/tribunals/send/appeals.

**This paragraph applies if the HT chooses to hold a reintegration interview:**

You **and your child** 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 **[name of person to be contacted]** at the school to arrange an alternative date and time. The purpose of the reintegration interview is to discuss how best your child’s return to school can be managed.

You also have the right to see and have a copy of **your child**’s school record. Due to confidentiality restrictions, you will need to notify me in writing if you wish to be supplied with a copy of this. I will be happy to supply you with a copy if you request it. There may be a charge for photocopying.

If you wish to seek advice and guidance regarding this suspension you can contact the local authority Exclusion and Reintegration Team via [exclusionsupport@hillingdon.gov.uk](mailto:exclusionsupport@hillingdon.gov.uk)~~.~~

You may find it useful to contact Coram Children’s Legal Centre. They provide free legal advice and information to parents on education matters: ~~.~~ [www.childrenslegalcentre.com.](http://www.childrenslegalcentre.com/)

Statutory guidance on exclusions and suspensions can be accessed via the following link:

[www.gov.uk/government/publications/school-exclusion](https://www.gov.uk/government/publications/school-exclusion)

**[Child's Name]**’s suspension expires on **[date]** and we expect **[Child's Name]** to be back in school on **[date]** at **[time]**.

Yours sincerely

### **[Name]**

Headteacher

**[Cc. Social Worker – if the child has one**

**Virtual School Head – If pupil is Looked After**

**Other relevant professionals]**