GOVERNOR REVIEW REQUEST FORM

To: The Clerk to the Governors

Subject: (Name of student)

I/we request that a sub-committee (Panel) of the Board of Governors carries out a Review of the Principal's decision to expel or require the removal of the above-named student. I/we agree that the Review will be carried out in accordance with the Review Procedure supplied to us with this form and I/we agree to abide by the terms of that Procedure and in particular that the proceedings are and will remain confidential and that the Principal's decision following consideration of the recommendations made by the Governors' Review will be final, subject to such legal rights (if any) as may exist.

I/we confirm that I/we have parental responsibility for the above-named student and that I/we have consulted the student who wishes the Review to be undertaken.

I/we understand that the Panel will be concerned with the fairness and proportionality of the Principal's decision in accordance with the school's existing policies (where applicable and relevant) on educational, pastoral care and administration matters.

I/we understand that we may be accompanied at the Review meeting by a friend or relation and that if I/we wish to bring a friend or relation who is legally qualified I/we will provide seven days' notice as required.

I/we will inform the Clerk if I/we have any special needs or disabilities requiring additional facilities or adjustments.

The grounds upon which I/we seek a Review and the matters which I/we wish to discuss at the Review and to ask the Panel to take into account are as set out in a statement attached to this sheet.

(Two signatures required where practicable)

Signed	Signed
Full Name	Full Name
Relationship to pupil	Relationship to pupil
Date	Date
Address	Address
Telephone number	Telephone number

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