**Appendix A**

**Trust Appeals Form**

Please complete the following:

|  |  |
| --- | --- |
| Name of student |  |
| Date of Permanent Exclusion |  |

Please state the reasons below why you are requesting an appeal to the decision to permanently exclude:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student signature |  | Date: |  |
| Or Parent/carers signature  |  | Date:  |  |

Please email this form to the Clerk of the Trust: Jennie Thorpe jennie.thorpe@nclt.ac.uk