***Model letter 2***

***From head teacher notifying parent(s) of a pupil of that pupil's suspension of more than 5 school days (up to and including 15 school days) in a term.***

**[School Name]**
**[School Address]**
**[Date]**

**Private and Confidential**

Dear [Parent/Carer’s Name],

**Notification of Suspension – [Child’s Full Name]**

I am writing to inform you that I have decided to suspend [Child’s Name] from school for a fixed period of **[number of school days]**. This means that [Child’s Name] will not be allowed to attend school from **[start date]** to **[end date]**, returning on **[return date]**.

This decision has not been taken lightly. The suspension has been issued because of the following reason(s):
**[Insert clear and specific explanation of the incident(s) and behaviour leading to the suspension]**

**Your Responsibilities During the Suspension**

Under Section 103 of the Education and Inspections Act 2006, you have a legal duty to ensure that [Child’s Name] is not present in any public place during school hours for the first five school days of the suspension (**[insert relevant dates]**), unless there is a reasonable justification. Failure to comply may result in a penalty notice or prosecution by the local authority.

**Education During Suspension**

We will provide work for [Child’s Name] to complete during the first five school days of the suspension. This will be delivered via **[method – e.g. email, online platform, printed pack]**. Please ensure the work is completed and returned for marking.

From the **sixth school day** of the suspension (**[insert date]**) until the end of the suspension period, [Child’s Name] will be provided with suitable full-time education.
**[Insert details of the alternative provision, including name, address, start time, staff contact, and transport arrangements if known. If not known, state that these details will be provided in a follow-up letter.]**

**Your Right to Request a Meeting**

You have the right to request a meeting with the school’s governing board to make representations about this decision. Because the suspension is for more than five school days in a term, the governing board must meet if you request it. The latest date this meeting can be held is **[insert date – no later than the 50th school day after notification]**.

If you wish to request a meeting or make representations, please contact **[Name of contact]** at **[contact details – phone/email/postal address]**. You may be accompanied by a friend or representative. Please let us know if you have any access needs or require an interpreter.

We also encourage [Child’s Name] to attend the meeting and speak on their own behalf, where appropriate. If [Child’s Name] wishes to attend or be represented, please let us know and advise if they would like to bring a friend.

**Disability Discrimination**

If you believe this suspension relates to a disability and may involve discrimination, you have the right to make a claim to the **First-tier Tribunal (Special Educational Needs and Disability)**. This does not affect your right to make representations to the governing board.
More information is available at:
https://www.justice.gov.uk/tribunals/send/appeals

**Notification to Relevant Parties**

In line with statutory guidance, I have informed **[Name of Local Authority Officer]** at **[Local Authority Name]** of this suspension.
If [Child’s Name] has a social worker or is looked after by the local authority, I have also notified **[Name of Social Worker or Virtual School Head]**.

**Reintegration Interview**

You and [Child’s Name] are invited to attend a reintegration meeting on **[date]** at **[time]** at **[location]**. This meeting will help us plan for a successful return to school. If this time is not convenient, please contact us to arrange an alternative.

**Support and Advice**

You may find the following services helpful:

* **Warwickshire County Council Admissions Service**
Tel: 01926 738353 | Email: exclusions@warwickshire.gov.uk
www.warwickshire.gov.uk/exclusions
* **Special Educational Needs and Disabilities Information, Advice, and Support Service (SENDIAS) Warwickshire, provided by Barnardo’s**
Tel: 01788 593159 | Email: warwickshiresendiass@barnardos.org.uk
www.warwickshiresendiass.org.uk
* **Coram Child Law Advice**
Tel: 0300 330 5485 | https://childlawadvice.org.uk/information-pages/school-exclusion/
* **IPSEA (Independent Provider of Special Education Advice)**
www.ipsea.org.uk
* **Department for Education Guidance**
[www.gov.uk/government/publications/school-exclusion](https://www.gov.uk/government/publications/school-exclusion)

We expect [Child’s Name] to return to school on **[return date]** at **[time]**.

Yours sincerely,
**[Headteacher’s Name]**
Headteacher