***Model letter 3***

***From head teacher notifying parent of a suspension of more than 15 school days in total in one term or taking the total to more than 15 school days in one 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.]**

**Governing Board Review Meeting**

Because this suspension exceeds 15 school days in one term (or takes the total number of suspended days to more than 15), the governing board must meet to review the suspension. You have the right to attend this meeting and make representations. The latest date this meeting can be held is **[insert date – no later than 15 school days from notification]**.

You will be notified of the time, date, and location of the meeting by the Clerk to the governing board. If you wish to attend 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