

SENO Decision

Name of School: _____

Address: _____

Roll Number: _____

Details of Decision

Name of Pupil: _____

Date of Birth: _____ PPSN: _____

Address: _____

Decision: _____

Date of Decision: _____

Rationale for Decision:

Pupils leaving the school Yes No

Pupil(s) enrolling in the school Yes No

Diminishing Care Needs Yes No

Details:

Name of SENO: _____ Date: _____

* On the attached form please set out the grounds on which the appeal is based