

Appeal of SENO Decision

Name of School: _____

Address: _____

Roll Number: _____

Details of Decision appealed

Name of Pupil(s): _____

PPSN: _____

Teaching Hours Yes No

Special Needs Assistant Yes No

Name of SENO: _____

Date of Decision: _____

Appeal by the School

Please indicate which of the following form the basis for the appeal

(i) The SENO misinterpreted or ignored the Department of Education and Science policy
Yes No

If yes please provide an outline of how you considered the SENO to have erred in this regard

