

# Disability discrimination claim by a parent

Use this form **only** if you can tick both of these boxes.

I am **not** asking the Tribunal to order a school to reinstate my child after a permanent exclusion.

I have parental responsibility for the child or I live with the child and the child has not reached school leaving age\*.

Please use black ink and write as clearly as you can if completing by hand.

## Section 1: Your child's details

Surname

Date of birth  
//

First name(s)

Gender  
 Boy  Girl

## Section 2: Details of who is making this claim

### 1<sup>st</sup> Claimant

Mr  Mrs  Miss  Ms  
 Other \_\_\_\_\_

Surname

Name of any other person/organisation with parental responsibility

First name(s)

Address of any other person/organisation with parental responsibility

Relationship to the child (e.g. parent, foster parent or person who has care of the child)

Address

Postcode

Postcode

Is there any reason why we should not send them details of the claim?

Telephone number(s)

Email

\* A young person reaches this age on the last Friday in June in the academic year he or she turns 16 (the academic year ends at the end of August). After this age he or she must make their own claim. More detail is given in the *Tribunal's Guide to making a disability discrimination claim against a school - a guide for a young person who wants to make a claim.*

**2<sup>nd</sup> Claimant (if a joint claim)**

Mr     Mrs     Miss     Ms

Other \_\_\_\_\_

Surname

First name(s)

Relationship to the child

Telephone number(s)

Address

Postcode

Email

**If you have a representative, please give details**

Mr     Mrs     Miss     Ms

Other \_\_\_\_\_

Surname

First name(s)

Professional status (e.g. solicitor, friend)

Is your representative legally qualified?

Yes     No

Telephone number(s)

Address

Postcode

Email

Fax

**Who should receive information about your claim? Tick one box only.**

You (1<sup>st</sup> claimant)     Representative

### Section 3: Details of who the claim is against

Name of the school you are claiming against

Address of the school you are claiming against

Postcode

Email address for the school or chair/clerk to the governing body (if you know it)

Telephone number

Type of school

- Maintained by local authority (state name of authority)
- Academy/free school
- Independent (Private) school

### Section 4: The date when the discrimination occurred

The Tribunal will not register your claim if you do not tell us this date.

Date/most recent date of discrimination //

### Section 5: Information about your claim

Please leave blank the parts which do not apply. If you need more space continue on page 6 or on a separate piece of paper.

#### My child has been excluded for one or more fixed terms

Please give the start and end date for each exclusion and, briefly, the reasons given by the school for the exclusions (e.g. "The head teacher said he assaulted another pupil").

#### Exclusion 1

#### Exclusion 2

#### Exclusion 3

**My child was excluded from one or more school trips or activities**

Please give a brief description of each trip or event (e.g. "residential trip to Derbyshire") with dates of the trip and date of any decision or decisions about that trip or event.

**Trip/event 1**

**Trip/event 2**

**Trip/event 3**

**My child has experienced unfavourable treatment**

Please describe briefly each instance of unfavourable treatment (e.g. "My child was given after school detention"). Give dates as precisely as possible.

**Unfavourable treatment 1**

**Unfavourable treatment 2**

**Unfavourable treatment 3**

**My child was disadvantaged because the school failed to make reasonable adjustments**

Describe briefly the disadvantage to your child, the particular adjustment(s) which were needed, when they should have been put in place and what was done instead.

**Adjustment 1**

**Adjustment 2**

**Adjustment 3**

**I am claiming because of some other discriminatory act(s) by the school**

Please give brief detail, including dates, of any other claims of discrimination by this school.

**More detail about your claim**

Use the box below if you did not have room to list all your claims. Please give more detail about each of the claims, in particular:

- **what** happened, **who** was involved, and **when**
- **why** what happened related to your child's disability, (or the disability of someone your child is associated with)
- **how** the school should have acted instead
- which **documents** are important (see also Section 7 below)

## Section 6: Your child's disability

Please describe your child's disability and explain how it affects your child on a day-to-day basis. A copy of any medical or professional diagnosis, and any statement of special educational needs, should be included. (If you are claiming that your child has been discriminated against because of **another person's disability** please give details about that person's disability and the relationship of that person to your child.)

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 7: Late claims

**We cannot normally accept a claim if we receive it more than six months after the date of the discrimination you are claiming about.** This means the date of the act of discrimination; or the date when the school decided not to do something. If there was a series of connected acts, it means the date of the most recent one.

**If your claim is late, please explain here why the claim is late and why it is important that it should be accepted. If your claim is not late, please go straight to Section 8.**

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 8: Putting things right – governing body or proprietor

The Tribunal has no power to order a school to pay you compensation. It can only make orders against the responsible body (normally the governing body or proprietor) for a school, not against an individual.

**If the Tribunal decides in your favour, what would you like it to order?** You may like to add why you think any order you are asking for is appropriate.

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 9: Documents you need to send with your claim

Depending on the basis of your claim, we need copies of the following documents, if you have them:

1. Documents provided by the school setting out any decision it made which forms part of your claim (e.g. an exclusion letter from the head teacher, minutes of a meeting about your child)
2. Any document which helps the Tribunal to understand your disability (e.g. a statement of special educational needs, a relevant medical report, an assessment by a therapist or psychologist)
3. Correspondence with the school about the issues in the claim
4. Other educational documents, for example your school report, individual educational plan, school policies
5. Other documents (for example a statement from another parent, another organisation)



Please list the documents you are sending with the claim, the date of each document and number of pages, its author (if known), and, if it is not obvious, why the document is relevant.

| <b>Date of document and number of pages</b> | <b>Name of person who signed or wrote it (or type of document)</b> | <b>What is the relevance of this document?</b> |
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If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 10: Special requirements

If you or another person have any special requirements, including adjustments which may be needed at the place the hearing is held, please tell us in the box below.

## Section 11: Other appeal or claim

Do you have an other claim or appeal with the Special Education Needs and Disability?

No

Yes, date sent / /  claim/appeal number

## Section 12: Sign below

Please check you have completed all relevant parts of this claim and then sign or ask your lawyer to sign for you.  
I/We have completed this form to the best of my/our knowledge and ability and have enclosed copies of all relevant documents.

**1<sup>st</sup> Claimant's signature**

and

**2<sup>nd</sup> Claimant's signature**  
(if joint claim)

**Or**

**Your solicitor's signature**  
(a qualified lawyer can sign on your behalf with your permission)

**Date** / /

## Section 13: Sending us your claim

When you have completed the claim form and signed it, please make sure you keep your own copy, and then send it and all other relevant documents to:

HM Courts & Tribunals Service  
Special Educational Needs and Disability  
1st Floor  
Darlington Magistrates' Court, Parkgate  
DL1 1RU

Or email it with electronic copies of all the necessary documents to [send@justice.gov.uk](mailto:send@justice.gov.uk)

Phone: 01325 289350

Email: [send@justice.gov.uk](mailto:send@justice.gov.uk)

Fax: 0870 739 4017

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address <https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter>

To receive a paper copy of this privacy notice, please call 0300 123 1024 Textphone 18001 0300 123 1024. If calling from Scotland, please call 0300 790 6234 Textphone 18001 0300 790 6234.