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

I am **not** asking the Tribunal to

# Disability discrimination claim by a parent

order a school to reinstate my child after a permanent exclusion.	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 comp	pleting 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	
1st Claimant  Mr Mrs Miss Ms	
OtherSurname	Name of any other person/organisation with parental responsibility
Surraine	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
	Is there any reason why we should not send them details of the claim?
Postcode	
Telephone number(s)	
Email	

I have parental responsibility for the child or

<sup>\*</sup> 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*.

Other	
Surname	Address
First name(s)	
Relationship to the child	Postcode
Telephone number(s)	Email
If you have a representative, please give details  Mr Mrs Miss Ms  Other	
☐ Mr ☐ Mrs ☐ Miss ☐ Ms	Address
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other  Surname	
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other  Surname  First name(s)	
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other  Surname  First name(s)  Professional status (e.g. solicitor, friend)	Address
Mr Mrs Miss Ms Other  Surname  First name(s)  Professional status (e.g. solicitor, friend)  Is your representative legally qualified?	Address Postcode Postcode
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other  Surname  First name(s)  Professional status (e.g. solicitor, friend)	Address Postcode Postcode

<b>Section 3: Details of</b> who the claim is against	
Name of the school you are claiming against	Type of school
Address of the school you are claiming against	Maintained by local authority (state name of authority)  Academy/free school
	☐ Independent (Private) school
Postcode Email address for the school or chair/clerk to the governing	g body (if you know it)
Telephone number	
<b>Section 4:</b> The date when the discrimination of	ccurred
The Tribunal will not register your claim if you do not tell u	
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, bri (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
mp/evente2
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)

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 <b>another person's disability</b> 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 <b>and</b> why it is important that it should be accepted. If your claim is not late, please go straight to Section 8.

### **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.

Name of person who signed or wrote it (or type of document)	What is the relevance of this document?
	Name of person who signed or wrote it (or type of document)

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: What is the relevance of document 1	
If you or another person have any special requirements, including adjustments which hearing is held, please tell us in the box below.	may be needed at the place the
Section 11: Other appeal or claim	
Do you have an other claim or appeal with the Special Eductation Needs and Disability	y?
☐ No	
Yes, date sent claim/appeal number	
Section 12: Sign below	
Section 12. sign below	
Please check you have completed all relevant parts of this claim and then sign or ask you	our 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.	
1st 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 you all other relevant documents to:	our own copy, and then send it and
HM Courts & Tribunals Service	
Special Educational Needs and Disability	
1st Floor Darlington Magistrates' Court, Parkgate	
DL1 1RU	

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Or email it with electronic copies of all the necessary documents to

send@justice.gov.uk

Phone: 01325 289350

Fax:

Email: send@justice.gov.uk 0870 739 4017

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