



Withdrawing an appeal

Appeal Number

Name of child

Name of Local Authority (LA)

You must fill in this section

This notice of withdrawal must be signed by the same person (or people) who signed the notice of appeal form, i.e. those who made the appeal.

- I wish to withdraw my appeal to the Special Educational Needs and Disability Tribunal.
- I understand that you will not take any further action on this appeal.

Name of parent

Signature

Date

Name of parent

Signature

Date

For monitoring purposes

It would be helpful to know why you want to withdraw your appeal. Please tick the most appropriate box.

- The LA have agreed with my appeal
- I have reached an agreement with the LA
- I have reached an agreement with the LA using a disagreement resolution or mediation service
- I have changed my mind
- Another reason (please explain in the box below)

Please return this form to:

Special Educational Needs and Disability Tribunal
Mowden Hall
Staindrop Road
DARLINGTON
DL3 9BG