

**Request to extend/withdraw from FAP Transition process**

**PUPIL'S DETAILS:**

<b>Name:</b>	
<b>Date of birth:</b>	
<b>Year group:</b>	
<b>Gender:</b>	

<b>Home address:</b>	
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<b>FAP Transition School</b>	
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<b>APS</b>	
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<b>Attendance at current school:</b>	FT/PT	<b>Sessions attended:</b>		<b>Sessions possible:</b>		%
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<b>REASON FOR EXTENSION/WITHDRAWAL FROM FAP TRANSITION PROCESS</b>

<b>Supporting Documentation attached e.g. Witness statements, incident summary:</b>

<b>Key actions taken by school to support FAP transition:</b>

**FOR USE BY FAP PANEL**

Date:	
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Extension of placement agreed; please state period of extension	
Transition placement ended agreed	
Disagreed Reason(s) Recommendations:	

Members of Panel in attendance:	
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