

Request to Extend/Withdraw from FAP Transition process

PUPIL'S DETAILS:

Name:		Home address:	
Date of birth:			
Year group:			
Gender:			

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

Supporting Documentation attached e.g. Witness statements, incident summary:

Key actions taken by school to support FAP transition:

FOR USE BY FAP PANEL FOR WITHDRAWALS

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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