

Tribiwnlys Anghenion  
Addysgol Arbennig Cymru



Special Educational  
Needs Tribunal for Wales

# Withdrawing an Appeal or Claim

This document is also available in Welsh. Please contact the Tribunal for a Welsh version of this document.

## **Language Preference**

SENTW welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents, and make written representations to SENTW in Welsh or English.

## **This form should be returned to:**

Special Educational Needs Tribunal for Wales  
Government Buildings  
Spa Road East  
Llandrindod Wells  
LD1 5HA

Please write clearly in BLACK ink.

Appeal/Claim  
Number:

Name of Child:

Name of Local Authority or  
Responsible Body:

You must complete this section and the notice of withdrawal must be signed by the person making the appeal or claim

I want to withdraw my appeal/claim to the Special Educational Needs Tribunal for Wales.

I understand that you will not take any further action on this appeal/claim

Signed:

\_\_\_\_\_

Name: (IN CAPITALS)

\_\_\_\_\_

Date:

\_\_\_\_\_

For monitoring purposes, it would be helpful to know why you want to withdraw you appeal/claim. Please tick the appropriate box.

The LA or RB have agreed with my appeal/claim.

I have reached agreement with the LA or RB.

I have not been able to find another school (Appeal only).

I have changed my mind.

Another reason (please explain what this is):