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): 