



INTEGRATION FUNDING SUPPORT

APPEAL BY PARENT OR CARER

Student: _____
Surname Given Name

School: _____

Name of person making the appeal: _____

Address: _____
_____ Post Code: _____

Telephone: H _____ W _____ M _____

Relationship to student: _____

An Appeal can only be considered after a request for a Review of the funding allocation has been completed. Please confirm a Review of funding has been processed with your school principal prior to completing this form.

It is important that all matters you wish considered in this Appeal are mentioned. You may attach supporting documents to this form.

Signature of person making the appeal: _____ Date: _____

**Please return this form together with any attached information to:
Inclusive Education**

Disability.Support@det.nsw.edu.au