



# 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](mailto:Disability.Support@det.nsw.edu.au)***