**SPLP 3**

**Closure of Special Personalised Learning Plan (Modified Timetable)**

This form must be completed and emailed to [attendanceandexclusions@wolverhampton.gov.uk](mailto:attendanceandexclusions@wolverhampton.gov.uk)

**Pupil and School**

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil Name: |  | DOB: |  |
| Address: |  | Gender: |  |
| School: |  | UPN: |  |

**Provision**

|  |  |  |  |
| --- | --- | --- | --- |
| Provision Provider: |  | Start date: |  |
| Hours per Week or start and end times: |  | **End date:** |  |
| Reason for Closure: |  | | |

|  |  |  |
| --- | --- | --- |
| Plan Agreed by: Name | Signature | Date |
| Headteacher: |  |  |
| Parents/Carers: |  |  |
| Pupil: |  |  |