

Review by Board of Management Request Form – Refused Admission

PLEASE ENSURE THAT YOU KEEP A COPY OF THIS COMPLETED FORM

The completed form must be submitted to the board of management **within 21 calendar days** from the date of the decision to refuse admission to the school.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

1. School name: _____

2. School address: _____

3. Name of the applicant (parent(s)/guardian(s) or student if student is over 18):

4. Address of the applicant: _____
_____ Eircode: _____

5. Contact phone number: _____

6. Name of student: _____

7. Address of student (if different from address given above):

8. Date of birth of student: _____

9. Class/Year to which admission has been sought (eg. Junior infants, 1st Year, name of special class):

10. Date of decision to refuse admission: _____

11. Grounds for making this request – **Note: this request must be based on the implementation of the school’s admission policy and the content of the school’s annual admission notice. In that regard please specify why you consider that the school’s admission policy and/or admission notice were not applied correctly to your application for admission:**

Signature of applicant: _____

Date: _____

Note: All requests for a review by a board of management must be returned directly to the school by the applicant and should be addressed to The Board of Management at the school’s address.