

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: _____

