

**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, 1<sup>st</sup> Year, name of special class):  
\_\_\_\_\_
  
10. Date of decision to refuse admission: \_\_\_\_\_

