

School Review Form

PLEASE ENSURE 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. **Note:** this is the date stated on the decision that issued from the school.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

1. School name: _____

2. School address:

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

4. Address of the applicant: _____

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 that original application relates to: _____

10. Date original application for admission was sent to the school: _____

11. Date of decision to refuse admission: _____

12. 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**

13. My appeal relates to:

Please choose one of the following:

a) Refused admission due to the school being oversubscribed

b) Refused admission for a reason other than the school being oversubscribed

Signature of applicant: _____

Date: _____

Note: All requests for a review by the board of management must be returned to the school.