



Review by Board of Management Request Form – Refused Admission

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.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

School Name: _____

School Address:

Name of the applicant (parent/guardian(s):

Address of the applicant:

Contact Phone Number: _____

Name of pupil: _____

Address of pupil (if different from address given above):

Date of birth of pupil: _____

Class to which admission has been sought (e.g. Junior Infants, 1st Class)

Date of decision to refuse admission: _____

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: _____

All requests for a review by the 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:

Balscadden National School, Balscadden, Ring Commons, Balbriggan, Co. Dublin.