



AN ROINN | DEPARTMENT OF
OIDEACHAIS | EDUCATION
AGUS EOLAÍOCHTA | AND SCIENCE

APPEALS APPLICATION FORM

This form should be used for the making of an appeal to the

*Secretary General
of the
Department of Education & Science*

(as provided for under section 29 of the Education Act, 1998)

If the appeal is in relation to a vocational school or a community college, this form should not be used. Forms for appeals to a VEC should be obtained directly from the school or VEC concerned.

**IN GENERAL APPEALS MUST BE MADE WITHIN 42
DAYS OF RECEIPT OF THE BOARD OF
MANAGEMENT'S DECISION**

APPEAL APPLICATION

An appeal can only be taken by a **Parent**, or a student who has reached the age of 18 years.

(PLEASE WRITE IN BLOCK PRINT)

NAME:

ADDRESS:

HOME TELEPHONE NUMBER:

DAYTIME TELEPHONE NUMBER:
(IF DIFFERENT TO ABOVE)

MOBILE TELEPHONE NUMBER:

NAME OF STUDENT (If under 18 years of age):

DATE OF BIRTH:

YEAR/CLASS OF STUDENT:

NAME AND ADDRESS OF SCHOOL IN RESPECT OF WHICH THE APPEAL IS MADE:

HAS YOUR CHILD ANY SPECIAL EDUCATIONAL NEEDS REQUIREMENT?

IF SO, PLEASE PROVIDE DETAILS:

NATURE OF DECISION: (Please tick one category only)

Refusal to enrol	<input type="checkbox"/>
Suspension *	<input type="checkbox"/>
Permanent exclusion/ Expulsion	<input type="checkbox"/>

** Please note that an appeal may only be made in respect of a suspension which results in 20 days or more of suspension for that student in any one school year*

DATE WHEN YOU WERE NOTIFIED OF THE DECISION BY THE SCHOOL:

DAY		MONTH		YEAR			

DETAILS OF PROCEEDINGS AT LOCAL LEVEL:

Please give details below of any appeal or review proceedings that have taken place at local level in this case, either to the Board of Management, the school patron or, in the case of a VEC school, the VEC.

Please state the outcome of these proceedings.

(Extra pages may be added)

GROUND ON WHICH THE DECISION IS BEING APPEALED:

Please state clearly the grounds on which the decision is being appealed.

(Extra pages may be added)

PLEASE ENCLOSE COPY OF BOARD OF MANAGEMENT DECISION, IF AVAILABLE.

IF THE BOARD OF MANAGEMENT DECISION IS NOT AVAILABLE, PLEASE EXPLAIN WHY NOT.

**PLEASE ENCLOSE COPIES OF ALL CORRESPONDENCE WITH THE SCHOOL IN
RELATION TO THIS MATTER**

**YOU MAY ALSO ENCLOSE ANY OTHER RELEVANT DOCUMENTATION IN
SUPPORT OF YOUR CASE.**

I certify that the information given above is true. I understand and authorise that all documentation considered relevant may be accessed as part of this appeal process, and that contact may be made for this purpose with relevant bodies such as the National Educational Psychological Service. In making this application I consent to the disclosure of information in relation to this application by the Appeals Administration Unit to the National Educational Welfare Board and/or the National Council for Special Education. I understand that all documentation provided by me in relation to this appeal, including this application form will be released to the school in question prior to an appeals hearing taking place and may be made available to the National Educational Welfare Board and/or the National Council for Special Education.

Signed: _____

Date: _____

Please return completed application form to:

**Section 29 Appeals Administration Unit
c/o Department of Education and Science
Cornamaddy, Athlone
Co. Westmeath
Tel: (0906) 483600**

**OFFICE MAY BE CONTACTED:
Monday to Friday, 10.00 a.m. – 12.30 p.m. & 2.30 p.m. – 4.00 p.m.**

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PLEASE NOTE THAT WHEN SUBMITTING THIS APPLICATION FORM YOU SHOULD AT THE SAME TIME NOTIFY THE SCHOOL IN QUESTION OF THE APPEAL TO THE DEPARTMENT OF EDUCATION & SCIENCE, AND THE GROUNDS ON WHICH IT IS MADE. A COMPLETED COPY OF THIS FORM MAY ALSO BE PROVIDED TO THE SCHOOL.

**FOR OFFICE USE ONLY:
DATE OF RECEIPT:**

FILE REF: