



A N R O I N N | DEPARTMENT OF
OIDEACHAIS | EDUCATION
AGUS SCILEANNA | A N D S K I L L S

APPEALS APPLICATION FORM

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

*Chief Executive of an Education and Training Board
(as provided for under section 29 of the Education Act, 1998)*

**IN GENERAL APPEALS MUST BE MADE WITHIN 14
DAYS OF RECEIPT OF THE BOARD OF
MANAGEMENT'S DECISION**

APPEAL APPLICATION

(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 an ETB school, the ETB.

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.

VENUE FOR APPEAL HEARING

To accommodate the administration of Section 29 appeals, all hearings are located, where possible, in the Department of Education and Skills' offices. A date, time, and venue for the hearing will be arranged in consultation with all concerned.

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. 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:

**Dr. Christy Duffy,
Chief Executive,
Longford and Westmeath Education and Training Board (ETB),
Marlinstown Office Park,
Mullingar,
Co. Westmeath.**

**OFFICE MAY BE CONTACTED:
Monday to Friday: 9.00 a.m. to 5.00 p.m.**

FOR OFFICE USE ONLY:

DATE OF RECEIPT:

FILE REF: