



## 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

School name: Ennis Community College / Gaelcholáiste an Chláir
School address: Harmony Row, Ennis, Co Clare, V95 XD66
Name of the applicant (parent(s)/guardian(s) or student if student is over 18):
Address of the applicant:
Address of the applicant.
Eircode:
Contact phone number:
Name of student:
Address of student (if different from address given above):
Eircode:





8.	Date of birth of student:
9. class):	Class/Year to which admission has been sought (eg. 1st Year, name of special
10.	Date of decision to refuse admission:
admis admis	Grounds for making this request – Note: this request must be based on the mentation of the school's admission policy and the content of the school's annual sion notice. In that regard please specify why you consider that the school's sion policy and/or admission notice were not applied correctly to your application mission:
	Information may be continued on additional pages and attache
Signat	ture of applicant:

Note: All requests for a review by a Board of Management must be returned by hard copy and posted directly to the school by the applicant and should be addressed to The Board of Management, Ennis Community College, Harmony Row, Ennis, Co Clare, V95 XD66.

