



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 which 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):

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 Admissions 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, and addressed to The Secretary, Board of Management, Coachford College, The Glebe, Coachford, Co. Cork P12 DY92.