



Clonakilty Community College Review Form

PLEASE ENSURE YOU KEEP A COPY OF THIS COMPLETED FORM

The completed form must be submitted to the Board of Management **within 14 calendar days** from the date of the decision to refuse admission to the school. **Note:** this is the date stated on the decision that 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 or student if student is over 18):

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 admission 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.

As a college we wish to empower our pupils with the skills to be confident and independent young adults enabling them to reach their full potential