

Review by Board of Management Request (Appeal) 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: St. Munchin's College		
	School address: Corbally, Limerick, V94 HXW5		
	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):		ssion has been sought (eg. 1st Year, name of special
10.	Date of decision to refuse	admission:
admis admis	mentation of the school's a sion notice. In that regard	equest(appeal) – Note: this request must be based on the admission policy and the content of the school's annual please specify why you consider that the school's on notice were not applied correctly to your application
		Information may be continued on additional pages and attached
Signat	ure of applicant:	Date:

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, St. Munchin's College, Corbally, Limerick, V94 HXW5.