



Section 29 Appeal Application Form for an appeal against refusal to admit for reason(s) other than the school being oversubscribed

This form should be used for the making of an appeal to the Minister for Education, as provided for under section 29 1(c) (ii) of the Education Act, 1998

Guidance and timelines for making an appeal under section 29

- Before making this appeal you may, but are not required to, request a review of the decision by the board of management of the school.
- A request for such a review must be made in writing to the school's board of management **within 21 calendar days** from the date of the decision to refuse admission.
- If you do request a review by the board of management you cannot make a section 29 appeal until either the board of management advises you of the outcome, or the expiry of **42 calendar days** from the date of the original decision by the school to refuse admission.
- Subject to the above, this section 29 appeal must be made no later than **63 calendar days** from the date of the decision to refuse admission.

Procedures for Hearing and Determining Appeals under section 29 (1) (c) (ii) of the Education Act, 1998 are available on the Departments website via the following link: <https://www.gov.ie/en/publication/31c4f-appeals-in-relation-to-refusal-to-admit-a-student-for-a-reason-other-than-the-school-being-oversubscribed/>

These procedures should be read to provide further information regarding the appeals process.

Please return this completed application form by email to: section29@education.gov.ie or by post to:

Section29 Appeals Administration Unit
Department of Education
Friar's Mill Road
Mullingar
Co Westmeath
N91 H30Y

Appeal Application – please complete in BLOCK CAPITALS

An appeal can only be taken by a parent/guardian, or a student who has reached the age of 18 years or a person appointed by the Child and Family Agency (Tusla).

In accordance with section 26 of the Education (Welfare) Act, 2000, the Child and Family Agency (Tusla) may appoint a person, independent of that Agency, to appeal a decision of a board of management to refuse to admit a student to a school

Applicant Details (this is the person taking the appeal – see above):

Title (Ms./Mrs./Miss/Mr.etc.) _____

Forename: _____

Surname: _____

Postal Address: _____

Eircode: _____

Telephone number(s): _____

Email address: _____

Email is the preferred method of this Department's communication therefore, please ensure your email details are correct.

Relationship to student (Please tick relevant box):

Parent ☐ Legal Guardian ☐ Guardian Ad Litem ☐ CFA (Child & Family Agency) Appointee ☐

Student Details:

Student's name: _____

Date of birth: _____

Year/class to which admission has been sought: _____

Student's Address: (if different from address above):

School Details:

Name and address to which this appeal relates:

Roll Number:

Educational Setting (Select the appropriate educational setting):

Primary school ☐ Special class in a primary school ☐ Post-primary school ☐
Special class in a post-primary school ☐ Special school ☐

Does your child have any special educational needs? (Please answer yes / no)

If yes, please provide details:

If you have suitable and reliable broadband internet connection would you prefer your hearing by video conferencing instead of face to face? (Please answer yes / no)

Date of board of management original decision refusing admission:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date you requested the optional board of management review:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of optional board of management review decision:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

The following three documents must be submitted with this completed application form in order for the appeal application to be processed:

- ☐ Copy of your completed application form for admission to the school together with any supporting documentation that you submitted to the school with your application.
- ☐ Copy of the decision of the school refusing admission.
- ☐ Copy of any statement from the board of management that issued to you following your written request for a review to the board of management **(this is only applicable where you have sought this optional review)**.

Please note that the appeals committee shall rely on the same evidence and materials as were available to and relied upon when the decision to refuse admission was made by the school.

Please state clearly the specific grounds on which you wish to base your appeal. The grounds must list why you think the decision of the school was not correct. You may submit as many grounds as you wish.

The following are some examples of valid grounds which you could use to support your appeal.

- *The school did not adhere to its policies and procedures when making its decision.*
- *The school's admission policy and/or admissions notice were not applied correctly to my application for admission.*
- *The school did not observe fair procedures when making its decision.*
- *The school made an error in their decision regarding my application for admission.*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

(Extra pages may be added)

Please note that you can withdraw your appeal at any stage by emailing section29@education.gov.ie

Data protection privacy statement

Full details of the Department's data protection policy setting out how we will use your personal data or your child's data as well as information regarding your rights as a data subject are available at <https://assets.gov.ie/224650/a55e28b6-e388-406b-b6ee-500ab554bf9f.docx>

DECLARATION BY APPLICANT

I certify that the information given by me in this form above is true and correct to the best of my knowledge.

Applicant's signature: _____

Date: _____

FOR OFFICE USE ONLY:

Date of receipt:

File ref: