

Section 29 Appeal Application Form for an appeal

against expulsion or suspension for a period of 20

or more school days in a school year

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

Guidance and timelines for making this appeal under section 29

• This appeal must be made no later than **42 calendar days** from the date of the decision of the board of management.

Procedures for Hearing and Determining Appeals under section 29 1(a) and 1(b) of the Education Act, 1998, are available on the Department's website via the following link:

https://www.gov.ie/en/publication/19941-appeals-against-expulsion-or-suspension-for-a-period-or-periods-totaling-not-less-than-20-school-days-in-a-school-year/

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

Please return this completed application form by email to: <u>section29@education.gov.ie</u> 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 the case of an expulsion a person appointed by the Child and Family Agency (Tusla) can take the appeal.
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 of student:
Student's Address (if different from address above):
School Details:
Name and address of school to which this appeal relates:

Roll Number:

Does your child have any special educational needs? (Please answer yes / no)	Γ
If yes, please provide details:	

Type of decision being appealed: (Please tick one category only)

Suspension *	
Permanent exclusion/ Expulsion	

* Please note that an appeal may only be made in respect of a suspension which results in 20 school days or more of suspension for that student in any one school year.

Date you were notified of the decision to suspend/expel by the Board of Management



The following documentation based on appeal type must be submitted together with this completed application form in order for the appeal application to be processed:

Expulsion Appeals:

- Copy of letter of Intent to Expel by the board of management.
- Copy of the decision of the board of management confirming expulsion

Suspension Appeals:

Copy of correspondence from school outlining suspension details

Please state clearly the grounds on which the decision is being appealed:

(Extra pages may be added)

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

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 <u>https://assets.gov.ie/224650/a55e28b6-e388-406b-b6ee-500ab554bf9f.docx</u>

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

Applicant's signature/name: _____

Date: _____

FOR OFFICE USE ONLY:
Date of receipt:

File ref: