



St Gerald's DLS College
Section 28 Appeals Application Form

This form should be used for the making of an appeal to the
Board of Management of St. Gerald's College
(As provided for under section 28 of the Education Act,1998)

In general appeals must be made within 14 calendar days of Receipt of the Principal's decision.

Appeal Application

An appeal can only be taken by a **Parent**, or a student who has reached the age of 18 years.

Please write in Block Capitals

Name: _____

Address: _____

Home Telephone: _____

Daytime Telephone: _____

Mobile Telephone: _____

Name of Student: _____

Date of Birth: _____





Year/Class of Student: _____

Has your child any special educational needs requirement: Yes No

If yes, please provide details:

Nature of Decision: (Please tick one category only)

Refusal to Enrol	
Suspension	
Permanent exclusion/ Expulsion	

Date when you were notified of the decision by the Principal:

Day _____ Month _____ Year _____

Please give details below of any appeal or review proceedings that have taken place thus far:



Grounds on which the decision is being appealed:

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

Please enclose a copy of the Principal's decision if available.

If the Principal's decision is not available please explain why not:

Venue for Appeal Hearing

To accommodate the administration of Section 28 appeals, all hearings are located, where possible, in the School. A date, time, and venue for the hearing will be arranged in consultation with all concerned.

Please enclose copies of all correspondence with the school in relation to this matter, you may also enclose any other relevant documentation in support of your case.



I certify that the information given above is true. I understand and authorise that all documentation considered relevant may be accessed as part of this appeal process, and that contact may be made for this purpose with relevant bodies such as the National Educational Psychological Service. In making this application, I consent to disclosure of information in relation to this application by the Board of Management to the Educational Welfare Services of the Child and Family Agency and/or the National Council for Special Education. I understand that all documentation provided by me in relation to this appeal, including this application form will be released to the Board of Management of the school in question prior to an appeal hearing taking place and may be made available to the Educational Welfare Services of the Child and Family Agency and/or the National Council for Special Education.

Signed: _____ **Date:** _____

Please print name ()

Please return completed application form to:

Secretary to the Board of Management

St. Gerald's College,

Newport Road,

Castlebar,

Co. Mayo.

094-9021383

info@stgeraldscollege.com

Office may be contacted

Monday - Friday 9:15 - 4:00 pm

Please note that when submitting this application form you should at the same time notify the Principal of the appeal to the Board of Management and the grounds on which it is made. A completed copy of this form may also be provided to the Principal

For office use only:

Date of Receipt: _____ File ref: _____