



Form S29 1(a) and 1(b) V1 12 Nov 2020

## 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, together with answers to frequently asked questions are available on the Department's website at the following link  
<https://www.education.ie/en/Parents/Services/Appeal-against-Permanent-Exclusion-Suspension-or-Refusal-to-Enrol/Appeals.html>

Please return this completed application form by email to: [section29@education.gov.ie](mailto: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. 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: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special educational needs?

Y/N

☐

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 by the school:

DAY		MONTH		YEAR			

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

- ☐ Copy of the decision of the board of management confirming expulsion, or for suspension appeals, copy of correspondence from school outlining suspension details

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

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*(Extra pages may be added)*

**Please note that you can withdraw your appeal at any stage by emailing [section29@education.gov.ie](mailto:section29@education.gov.ie)**

**Data protection privacy statement**

The Department of Education, as far as practicable and having regard to the resources available, provides for education and training for people resident in the State at a level appropriate to meet the needs and abilities of those people.

The privacy notice outlining further information in relation to this form can be found at the following link

<https://www.education.ie/en/The-Department/Data-Protection/gdpr/parents-children/privacy-notice-section-29-appeals-process.pdf>

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://www.education.ie/en/The-Department/Data-Protection/>

I certify that the information given in this form above is true.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date of receipt:

File ref: