

NOTICE OF INTENTION TO EXPEL A STUDENT

School roll number:

School name:

School address:

The Board of Management at its meeting on/...../..... formed the opinion that the student named below should be expelled.

Student name:

Student address:

Date of birth:/...../.....

PPSN:

Parent/Guardian name(s):

Parent/Guardian address:

Telephone:

Reasons for proposed expulsion:

Name:

PLEASE USE BLOCK CAPITALS

Signed:

Title:

(Secretary / Chairperson / Manager / Chief Executive Officer) on behalf of the Board of Management

Date:/...../.....

NOTE: THIS NOTICE FULFILLS THE SCHOOL'S OBLIGATIONS UNDER SECTION 24(1) OF THE EDUCATION (WELFARE) ACT, 2000.

POST FORM TO: Education Welfare Service, Tusla - Child and Family Agency, Floor 4, Brunel Building, Heuston South Quarter, Dublin 8

Child and Family Agency Internal Use Only

Received/...../..... Acknowledged/...../..... Referred to