



CPB School Review Form 2025-2026

PLEASE ENSURE YOU KEEP A COPY OF THIS COMPLETED FORM

The completed form must be submitted to the Board of Management **within 21 calendar days** from the date of the decision to refuse admission to the school. **Note:** this is the date stated on the decision that issued from the school.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

1. School name:

2. School address:

3. Name of the applicant (parent/guardian or student if student is over 18):

4. Address of the applicant:

5. Contact phone number:

6. Name of student:

7. Address of student (if different from address given above):
