



**NOTICE OF ADMISSION APPEAL
ENTRY FROM SEPTEMBER 2018**

Please complete the form in black ink, sign and return the form and any attachments to: clerktogovernors@wrenschool.org OR Clerk to Governors (Appeals), The Wren School, 61-63 Bath Road, Reading RG30 2BB

We / I wish to appeal against the decision not to provide education for my/our child at The Wren School.

Child's Surname	
Child's Forename(s)	
Date of Birth	

Parent(s)/carer(s) name		
Home address		
Postcode		
Telephone numbers	Home	
	Work	
	Mobile	

We / I will be attending the hearing *	YES	NO
We / I will be accompanied by a representative	YES	NO
Wheelchair access required	YES	NO
Language/Hearing Interpreter required	YES	NO

Representative's name	
Representative's address	
Postcode	
Representative's telephone number	

*** Note: This is an expectation. If you do not attend the hearing your appeal will be decided only upon the information provided by this form and any accompaniment. You will receive notification from the Clerk as to the date and time of the appeal.**

We / I agree to less than 14 days' notice of the appeal hearing	YES	NO
Note: This may help us to slot in late applications for appeal		

<p>Please use this space to explain your grounds for appeal (continue onto a separate sheet if necessary).</p>

Please continue to use this space to explain your grounds for appeal (continue onto a separate sheet if necessary).

Please list any attachments sent with this form

Signed _____

Date _____

Print name _____

For School use:		
Date Received		
Address verified	With Catchment Map	
	With Council Tax records	
	With Electoral Register	