



**NOTICE OF ADMISSION APPEAL  
ENTRY FROM SEPTEMBER 2019**

Please complete the form in black ink, sign and return the form and any attachments to: [clerktogovernors@wrenschool.org](mailto: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 *	<b>YES</b>	<b>NO</b>
We / I will be accompanied by a representative	<b>YES</b>	<b>NO</b>
Wheelchair access required	<b>YES</b>	<b>NO</b>

Language/Hearing Interpreter required	YES	NO
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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
<b>Note: This may help us to slot in late applications for appeal</b>		

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