



**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 OR Clerk to Governors (Appeals), The Wren School, 61-63 Bath Road, Reading RG30 2BB

We/I wish to appeal for a place 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		
Daytime telephone numbers	Landline	
	Mobile	
Email address(es)		

	YES	NO
We / I will be attending the hearing		
We / I will be accompanied by a representative		
Wheelchair access required		
Language/Hearing Interpreter required		
Representative's name		
Representative's address		
Representative's telephone number		

Note: If you do not attend the hearing your appeal will be decided on the information provided by this form. 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 Note: This may help us to slot in late applications for appeal	YES	NO
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Allocated school	
Are you appealing to any other schools?	
If so, which one(s)?	

Please 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	
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