

REGISTRATION FORM FOR 11+ TESTS



September 2019 Entry

Torbay Selective Schools

Please indicate at which selective school you would like your child to take the tests. It will be logical to take the examinations at the school you expect to be your first preference.

Name of School:

Please complete this form and return it to the school where you propose sitting the tests by midday **7th September 2018**. You must also complete the Common Application Form for your Local Authority by **31st October 2019**. A school place cannot be offered unless the Common Application Form has been completed.

Surname of Child:

Forename(s)

Date of Birth:

Full Address (including Postcode):

Postcode:

Email address:

Contact telephone number(s):

Primary School currently attending:

Does your child need any special requirements to enable him/her to take the tests?

Yes

No

If yes, please specify what requirements are necessary:
.....
.....

Name of Parent or Guardian: Mr/Mrs/Miss/Ms/Dr (please print)

Signature:

Date:

If at the time of the test you become aware of any circumstances which you feel may affect your child's performance, please contact the school in writing within 14 days of the tests in order that this may be considered by the Admissions Panel.