

REGISTRATION FORM FOR 11+ TESTS



September 2020 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. **You must only register at one school.**

Name of School: _____

Please complete this form and return it to the school where you propose sitting the tests by midday **6th September 2019**. 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:

Is your child in receipt of Pupil Premium: _____

Yes

No

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

I / We grant permission for the personal data we have supplied to be shared with approved Data Processors, Test Providers and other Admission Authorities performing similar testing for any reason deemed necessary in order to ensure the integrity of the process and the tests. At all times Data Processors, Test Providers and other Admission Authorities agree to treat all personal data strictly in accordance with the Data Protection regulations currently in force.

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.