

ACADEMY BANDING TEST BOOKING FORM – INTAKE 2020

This is NOT an application form – you must complete the Bucks County Council application process as well as this form.

First and Middle Names of Child:

Surname of Child:

Any other name your child uses/has used:

Date of Birth:

Day				-	Month				-	Year			
-----	--	--	--	---	-------	--	--	--	---	------	--	--	--

Current Primary School:

Home Address of Child*:

(Postcode essential)

Email Address:

Parent/Carer Name:

1:

2:

Parent/Carer Contact Numbers:

1:

2:

Test Session Preferences (Please give preference 1 and 2)

Please note: These are the ONLY banding test dates now available for the 2020 intake

Saturday 22 June 2019

9.00am

--

10.00am

--

11.00am

--

Saturday 6 July 2019

9.00am

--

10.00am

--

11.00am

--

Saturday 28 September 2019

9.00am

--

10.00am

--

11.00am

--

Tuesday 8 October 2019

4.15pm

--

Monday 14 October 2019

4.15pm

--

Wednesday 16 October 2019

4.15pm

--

Does your child require any special arrangements?

Yes

--

No

--

If Yes, please explain (continue overleaf if necessary):

Detail any emergency medical treatment

which may be required:

The Highcrest Academy will contact you to discuss what arrangements can be made.

I have read the information regarding the Non-Verbal Reasoning test. I wish my child to take this test as part of their application for a place at The Highcrest Academy.

Signed:

Parent/Carer

Print Name:

* NB for the purposes of this form, "Home Address" has the definition set out in the Academy admission arrangements available at www.highcrestacademy.org.uk

**This form must be returned as soon as possible and
at least one week before the banding test you wish your child to sit:
The NVR Co-ordinator, The Highcrest Academy, Haffers Lane, High Wycombe, HP13 7NQ**