

# ACADEMY BANDING TEST BOOKING FORM – INTAKE 2019

**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			
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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 2019 intake**

Saturday 29 September 2018

9.00am

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

10.00am

11.00am

Monday 9 October 2018

4.15pm

Tuesday 15 October 2018

4.15pm

Wednesday 17 October 2018

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.bucks.sch.uk](http://www.highcrestacademy.bucks.sch.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, Hatters Lane, High Wycombe, Bucks HP13 7NQ**