

# 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:

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Surname of Child:

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Any other name your child uses/has used:

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Date of Birth:

Day				-	Month				-	Year			
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Current Primary School:

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Home Address of Child\*:

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(Postcode essential)

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Email Address:

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Parent/Carer Name:

1:

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2:

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Parent/Carer Contact Numbers:

1:

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2:

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**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 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):

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Detail any emergency medical treatment

which may be required:

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*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:

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Parent/Carer

Print Name:

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\* 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](http://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, Hatters Lane, High Wycombe, HP13 7NQ**