

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			

Current Primary School:

Home Address of Child*:

(Postcode essential)

Email Address:

Parent/Guardian Name

1:

2:

Parent/Guardian 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

Monday 15 October 2018

4.15pm

Wednesday 17 October 2018

4.15pm

Does your child require any special arrangements?

Yes

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No

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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/Guardian

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.

**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**