11+ Test - Registration Form

Registering for the test is NOT an application for a grammar school. Please also complete your secondary school application form through your Home Authority, listing the Warwickshire grammar school(s) as a preference.

| For | office | use | only |
|-----|--------|-----|------|
| S | E1 | E2 | |
| | | | |
| О-Т | L | | |
| | | | |
| | | | |

| Child's Surname | ; | | | | | Date of | | |
|---|------|--------------|------------|-------|--------------------------------------|-------------|------------|---------|
| Child's Forename | Э | | | | | Birth | | |
| Current School I (or middle school from Se | | | | | | | | |
| Current School Postcode (or full address if non Warwickshire school) | | | | | | | | |
| Head Teacher's Name at Current School (or middle school from September) | | | | | | | | |
| Home Add | ress | | | | | | | |
| Postcod | le | | | | | | | |
| Email addr | ess | | | ı | | | | |
| Daytime Telephone No. | | | | | bile hone o. | | | |
| Parent/Carer's N | ame | | | | | | | |
| Signature | | | | | | Date | | |
| | | Additional I | nformation | about | your child | d | | |
| Does your child suffer from | | Yes 🔲 | No 🔲 | | If yes, please provide details below | | | |
| any medical condition? For example: asthma, epilepsy, severe allergy | | | | | | | | |
| Does your child have a specific learning difficulty which may affect their performance in a selection test? | | Yes 🔲 | No | | If yes, | please prov | ide detail | s below |
| | | | | | | | | |
| If yes, please provide current supporting evidence (not older than 18 months) Warwickshire County Council will contact your child's current school to discuss your child's needs. | | | | | | | | |
| Do you intend to register your child to sit the Birmingham King Edwards Foundation selection tests? Confirmation of this will be required as test dates may clash. | | | | | | | | |
| If you have attached additional information to this registration form, please tick this box. | | | | | | | | |

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| Child's Surname | | Date of | |
|-------------------------------|-------|---------|--|
| Child's Forename | | Birth | |
| Current School Nar | me | | |
| (or middle school from Septer | nber) | | |

| Photo Validation Section | | | | |
|------------------------------|--|--|--|--|
| Attach current photo here | To be completed by child's class or head teacher | | | |
| | Class/Head Teacher's Name | | | |
| | | | | |
| | Signature | | | |
| | | | | |
| | | | | |
| | | | | |
| | Date | | | |

PLEASE RETURN THIS REGISTRATION FORM AND ANY SUPPORTING DOCUMENTS TO:

ADMISSIONS SERVICE FREEPOST NAT 4782 WARWICK CV34 4BR

PLEASE NOTE: The freepost address can take 4-5 working days to arrive, please only use this address up until 04 July. After this date, please send registration forms to: Admissions Service, Saltisford Office Park, Ansell Way, Warwick, CV34 4UL (stamp required, proof of postage is advisable).

Closing date for on-time registration is: 11 July 2012

Telephone: 01926 742037 Fax: 01926 742084

Email: admissions@warwickshire.gov.uk