**ACADEMY BANDING TEST BOOKING FORM – INTAKE 2020**

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

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| First and Middle Names of Child: |  |

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| --- | --- |
| Surname of Child: |  |
| Any other name your child uses/has used: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Day | | |  | | Month | | | |  | Year | | | |
| Date of Birth: | |  |  | | - | |  | |  | | - |  | |  | |
| Current Primary School: | |  | | | | | | | | | | | | | | |
| Home Address of Child\*: | |  | | | | | | | | | | | | | | |
| (Postcode essential) | |  | | | | | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | |
| Parent/Guardian Name | 1: |  | | | | | | | | | | | | | | |
|  | 2: |  | | | | | | | | | | | | | | |
| Parent/Guardian Contact Numbers | 1: |  | | | | | | | | | | | | | | |
|  | 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 2019 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.*

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| 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: |  |

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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.bucks.sch.uk.

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**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**