

Entrance Examination

The following details allow us to identify any needs your child might have on the examination day.
Please complete and return to the Head of Admissions.

Candidate's surname: _____

Forename: _____

Date of Birth: ____ / ____ / ____
Date Month Year

Exam for entry into (please tick)

| | |
|--------------------------------------|--------------------------|
| Year 7 20..... | <input type="checkbox"/> |
| Year 8 or 9 20 | <input type="checkbox"/> |
| Deferred entry for Year..... 20..... | <input type="checkbox"/> |

Are there any examination access arrangements in place for your child in their current school (e.g. 25% extra time, use of a coloured overlay)? If so please specify

Medical information (if applicable) _____

Allergy Information (if applicable) _____

Please provide supporting documentation where possible e.g. Educational Psychologist's report, GP's note.

Parent's signature..... **Date**.....