LINCOLNSHIRE CONSORTIUM OF GRAMMAR SCHOOLS

TESTING FOR GRAMMAR SCHOOL ENTRY- SEPTEMBER 2021

Please complete and return to Spalding High School
NO LATER THAN FRIDAY 14th FEBRUARY 2020

I WOULD LIKE MY CHILD TO TAKE PART IN THE TESTING PROCEDURE ADMINISTERED BY: SPALDING HIGH SCHOOL
Jayne.knight@spaldinghigh.lincs.sch.uk

I acknowledge that these tests may be taken only once in any school year for consideration for a place at any of the schools in the Lincolnshire Consortium and that the results of my child's tests may be shared with my child's primary school and other grammar schools in the Consortium.

Signed …….. Date ……

FULL NAME OF CHILD	FEMALE	DATE OF BIRTH

FULL NAME OF PRESENT PRIMARY SCHOOL:

Please indicate whether or not your child currently has provision for special educational needs YES☐ NO☐ and/or disability needs YES ☐ NO ☐

If YES, indicate the nature of their disability/difficulties/medical needs overleaf

Please indicate which language your child uses most often at home:

English: YES☐ NO☐ If not English please specify language: ……..
and how long your child has been resident in the UK ……

NAMES OF PARENTS/CARERS
(Please also give title e.g. Mr and Mrs, Mr, Mrs, Ms, Miss, Dr, etc)

HOME ADDRESS: ……

……Post Code ……

EMAIL ADDRESS : ……

HOME TELEPHONE NUMBER: ……

PLEASE INCLUDE DAYTIME NUMBER: ……

Current Special Educational Provision			
Nature of Difficulty / Disability (Please ✓)			
Cognition and learning		Social, emotional and mental health difficulties	
Communication and interaction		Sensory and/or physical needs	

EHCP in place: Yes / No **SEN Support Plan in place (K): Yes / No**

Please give brief details below of current provision at their primary school.

Note: for access arrangements to be applied to the 11+ any reasonable adjustments should be the child's normal way of working, in addition to a demonstrable history of provision and need.

Where applicable the 11+ Coordinator of the relevant school will contact your primary school to discuss any adjustments that may be required.