

## ACADEMY BANDING TEST BOOKING FORM – INTAKE 2022

**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/Carer Name:

1:

2:

Parent/Carer Contact Numbers:

1:

2:

**Test Session Preferences** (Please give preference 1 and 2)

**Please note: These are the ONLY banding test dates available for the 2022 intake**

Wednesday 13 October 2021

4.15pm

Tuesday 19 October 2021

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.*

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/Carer

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.org.uk](http://www.highcrestacademy.org.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 [bandingtests@highcrestacademy.org.uk](mailto:bandingtests@highcrestacademy.org.uk)**