

**LINCOLNSHIRE CONSORTIUM
OF GRAMMAR SCHOOLS**

TESTING FOR GRAMMAR SCHOOL ENTRY IN YEAR 7



I WOULD LIKE MY CHILD TO TAKE PART IN THE TESTING PROCEDURE ADMINISTERED BY:
THE KING'S SCHOOL, GRANTHAM

SIGNED:

DATE:

All Lincolnshire Consortium Grammar schools use the same 11+ tests. I acknowledge that these tests may only be taken once in any Lincolnshire Consortium School for consideration of a place at any of the schools in the Consortium.

FULL NAME OF CHILD

MALE

FEMALE

DATE OF BIRTH

NAME OF PRESENT SCHOOL:

HAS YOUR CHILD EVER BEEN IN PUBLIC CARE? Yes No

HAS YOUR CHILD BEEN ELIGIBLE FOR FREE SCHOOL MEALS DURING THE 6 YEARS PRIOR TO 31 OCTOBER 2019?

Yes No

DOES YOUR CHILD HAVE SPECIAL EDUCATIONAL NEEDS?

Yes No

Does your child have an education and health care plan?

Yes No

Does your child have an SEN support plan in place?

Yes No

If your child has any special educational needs, please provide details separately and/or provide report(s) to support special arrangements for the tests.

If your child's first language is NOT English, he may be entitled to special arrangements in the test. Is English your child's first language? Yes No

NAMES OF PARENTS/GUARDIANS (PLEASE GIVE TITLE E.G. MR AND MRS, MR, MRS, MISS, DR, ETC)

HOME ADDRESS:

POST CODE

EMAIL ADDRESS¹:

TELEPHONE NUMBER:

¹ We prefer to communicate electronically, wherever possible please provide an email contact.