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| **SPALDING HIGH SCHOOL**  **STONEGATE**  **SPALDING PE11 2PJ**  **Telephone : 01775 722110**  **Email : enquiries@spaldinghigh.lincs.sch.uk** | | | |
| **REGISTRATION FORM**  **FOR THE ELEVEN PLUS TESTS 2015**  **(Please complete and return to Mrs Jayne Knight by 13th February 2015)**  **jayne.knight@spaldinghigh.lincs.sc.uk** | | | |
| **I would like my daughter who is currently in Year 5 to take part in the eleven plus testing procedures administered by Spalding High School.**  ***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.*** | | | |
| **Signed:** Click here to enter text. | | | **Date:** Click here to enter text. |
| Child’s Full Name: Click here to enter text. | | | |
| **Date of Birth:** Click here to enter text. | | | |
| **Full Name of Current Primary School:**  Click here to enter text. | | | |
| **Names of Parents/Carers:**  **(please give title e.g. Mr & Mrs, Mr, Mrs, Ms, Miss, Dr etc)** | | | |
| Click here to enter text. | | | |
| **Home Address (including post code):**  Click here to enter text. | | | |
| **Telephone Numbers/e-mail address:** | | | |
| **Home:** Click here to enter text. | | **Work:** Click here to enter text. | |
| **Mobile:** Click here to enter text. | **E-mail Address:** Click here to enter text. | | |
| **Please indicate whether or not your child has additional needs/support:** Choose an item. | | | |
| **If yes to either please indicate the additional support your daughter is given to address her needs. (continue overleaf if necessary):**  Click here to enter text. | | | |
| **Please indicate which language your child uses most often at home:**  **English:** Choose an item. **If not English, please specify language:** Click here to enter text. | | | |