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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. |