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| ***LINCOLNSHIRE CONSORTIUM*** ***OF GRAMMAR SCHOOLS******TESTING FOR GRAMMAR SCHOOL ENTRY- SEPTEMBER 2018*****Please complete and return to Mrs J Knight, School Administrator (jayne.knight@spaldinghigh.lincs.sch.uk)****NO LATER THAN FRIDAY 10TH FEBRUARY 2017** |
| **I WOULD LIKE MY CHILD TO TAKE PART IN THE TESTING PROCEDURE 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 and that the results of my child’s tests will be shared with my child’s primary school and other grammar schools in the Consortium.*****Signed** Click here to enter text. **Date** Click here to enter text. |
| **FULL NAME OF CHILD**Click here to enter text. | FEMALE | **DATE OF BIRTH**Click here to enter text. |
| **FULL NAME OF PRESENT PRIMARY SCHOOL:**Click here to enter text. |
| **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:**Click here to enter text.  |
| **NAMES OF PARENTS/CARERS****(Please also give title e.g. Mr and Mrs, Mr, Mrs, Ms, Miss, Dr, etc)**Click here to enter text. |
| **HOME ADDRESS:** Click here to enter text.**Post Code:** Click here to enter text.**EMAIL ADDRESS :** Click here to enter text. |
| **HOME TELEPHONE NUMBER:** Click here to enter text.**PLEASE INCLUDE DAYTIME NUMBER**: Click here to enter text. |

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| **Current Special Educational Provision** |
| **Category of Difficulty / Disability (Please 🗸 and specify nature of difficulty e.g. dyslexia, ASD)** |
| Cognition and learningClick here to enter text. |[ ]  Social, emotional and mental health difficultiesClick here to enter text. |[ ]
| Communication and interaction Click here to enter text. |[ ]  Sensory and/or physical needsClick here to enter text. |[ ]
| **EHCP in place:** Choose an item. **SEN Support Plan in place (K):** Choose an item.**Please give brief details below of current provision provided at 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.* |
| Click here to enter text. |
| **Where applicable the 11+ Coordinator of the relevant school will contact your primary school to discuss any adjustments that may be required.** |