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| ***LINCOLNSHIRE CONSORTIUM OF GRAMMAR SCHOOLS***  ***TESTING FOR GRAMMAR SCHOOL ENTRY‐ SEPTEMBER 2020***  **Please complete and return to Spalding High School**  **NO LATER THAN FRIDAY 15th FEBRUARY 2019** | | |
| **I WOULD LIKE MY CHILD TO TAKE PART IN THE TESTING PROCEDURE ADMINISTERED BY: SPALDING HIGH SCHOOL**  [**Jayne.kni**](mailto:Jayne.knight@spaldinghigh.lincs.sch.uk)[**ght@spaldinghigh.lincs.sch.uk**](mailto:ght@spaldinghigh.lincs.sch.uk)  ***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 may be shared with my child’s primary school and other grammar schools in the Consortium.***  **Signed …………………………………….. Date …………………….**  **COMPLETE THE FOLLOWING IN BLOCK CAPITALS** | | |
| **FULL NAME OF CHILD** | FEMALE | **DATE OF BIRTH** |
| **FULL NAME OF PRESENT PRIMARY SCHOOL:** | | |
| **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: …………………………….. and how long your child has been resident in the UK ……………………………………………….** | | |
| **NAMES OF PARENTS/CARERS**  **(Please also give title e.g. Mr and Mrs, Mr, Mrs, Ms, Miss, Dr, etc)** | | |
| **HOME ADDRESS: ……………………………………………………………………………………**  **………………………………………………………………….Post Code …………………………. EMAIL ADDRESS : ………………………………………………………** | | |
| **HOME TELEPHONE NUMBER: …………………………………………………… PLEASE INCLUDE DAYTIME NUMBER**: **…………………………………………** | | |

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| **Current Special Educational Provision** | | | |
| **Nature of Difficulty / Disability (Please** **)** | | | |
| Cognition and learning |  | Social, emotional and mental health difficulties |  |
| Communication and interaction |  | Sensory and/or physical needs |  |
| Please select strikethrough from the "comment" menu under "annotations" to complete this section  **EHCP in place: Yes / No SEN Support Plan in place (K): Yes / No**  **Please give brief details below of current provision at their primary 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.* | | | |
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| **Where applicable the 11+ Coordinator will contact your primary school to discuss any adjustments that may be required.** | | | |