# KENDRICK SCHOOL

London Road, Reading, RG1 5BN

## Registration to Take Entrance Tests for Year 7 Entry in September 2015

Please complete in **BLOCK CAPITALS** and return to:
Ms Amanda Emberson, Admissions Officer, Kendrick School, London Road, Reading RG1 5BN (Tel: 0118-9015859)
**no later than 4.00pm Friday 20th June 2014. The tests will take place on Saturday 13th September 2014.**

This application form is applicable for registering for the entrance tests in the following grammar schools:

- Kendrick School (girls)
- The Slough Consortium (boys and girls) including Langley Grammar, Herschel Grammar, Upton Court Grammar School & St Bernards

**PLEASE COMPLETE THE NON-SHADED AREAS IN BLACK INK AND PRINT CLEARLY IN BLOCK CAPITALS**

| | | | |
|---|---|---|---|
| **Applicant's Surname** | | | |
| **Applicant's First Forename** | | **Middle Names** | |
| **Date of Birth** | Day: | Month: | Year: |
| **Current Primary School** | | | |
| **Primary School Address** | **POSTCODE** | | |

| | |
|---|---|
| **Home Address** | **POSTCODE** |

**The address which will be used for consideration to be living within the designated area must be the applicant's permanent address at the time of registration (by June 20th 2014.).**

The exception to this is if the applicant's family are returning from abroad to a previous home within the designated area, are Crown Servants or members of the Armed Forces (documentary evidence will be required to support this). If this applies to the applicant please tick here ☐

| | | | |
|---|---|---|---|
| **Surname of Parent/ Carer** | Mr/Mrs/Ms/Miss/Dr (please delete) | **Forename(s)** | |
| **Email** | | **Home Tel No** | |
| | | **Emergency Tel No** | |

**Please turn over**

| **Please include TWO RECENT passport size photographs of the applicant. Please write the applicant's name and date of birth on the back of both photographs (please attach with a paperclip not with sellotape, glue or a staple)** | I confirm that this photograph is a true likeness of the applicant<br><br>Signed: ..... (Parent/Carer)<br><br>Date:..... |
|---|---|

| **Does the applicant have any special educational needs or a disability for which special arrangements are needed for the entrance tests? If yes, please briefly describe the needs here (or attach a separate letter) and we will contact you to discuss further.** | |
|---|---|

Kendrick School, Reading School and the Slough Consortium of Grammar Schools, will be using the **same** entrance test, which will take place on **Saturday 13 September 2014**. Applicants for any of these schools can only sit the test **once**. Where applicants wish to be considered for more than one school, the raw marks from the test will be passed to the other schools for inclusion in the appropriate standardisation sample.

Please tick **ONE** of the following only:

| | |
|---|---|
| | I would like my daughter to sit the entrance test at Kendrick School and her score to be considered for Kendrick School **only**. |
| | I would like my daughter to sit the entrance test at Kendrick School, and for her score to be considered for Kendrick School and also passed to the Slough Consortium of Grammar Schools for inclusion in their standardisation |
| | I would like my daughter to sit the entrance test at the Slough Consortium of Grammar Schools, and for her score to be considered for the Slough Consortium and also passed to Kendrick School for inclusion in their standardisation |

**In completing this application and signing the form (or ticking a box for on-line applications), you hereby grant permission to the school(s) to share with the University of Durham and any third party concerned, any personal information contained herein. In addition you also grant the University of Durham permission to subsequently share this personal information with any other school performing similar testing for any reason deemed necessary by the University in order to ensure the integrity of the test. At all times the University of Durham and the school(s) agree to treat all personal data strictly in accordance with the Data Protection Act 1998.**

Signed: ..... (Parent/Carer)

Date:.....

If you would like acknowledgement of receipt of this application form, please include a stamped addressed envelope. **NO OTHER ACKNOWLEDGEMENT WILL BE SENT OUT**.

In addition to completing this form, **YOU MUST COMPLETE A COMMON APPLICATION FORM (CAF) FROM YOUR OWN LOCAL AUTHORITY** (the authority to whom you pay your council tax) and return it to them as instructed on their form. Your daughter **CANNOT** be offered a place at Kendrick School unless **BOTH** forms have been completed and submitted.

The information on this form is processed electronically for administrative purposes and is subject to the Data Protection Act. If any of the information on the form is found to be inaccurate, the school reserves the right to withdraw the offer of a place at Kendrick School.