



## TEST REGISTRATION FORM FOR YEAR 7 SEPTEMBER 2019 ENTRY

### Request to sit Fair Banding Test

#### To be completed by Parent/Carer

Please complete this form if you are seeking a place for your child in Year 7 at The Victory Academy for September 2019. Your child will need to sit the Fair Banding Test even if the Academy is your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> preference and/or your child has a family member currently on roll here.

**Please ensure you complete all sections.** Please write in black ink and use BLOCK CAPITALS.

Preferred Test Date: Saturday 8 <sup>th</sup> September 2018	<input type="checkbox"/>	Form to be returned by 17 <sup>th</sup> August 2018, 3pm
or Saturday 20 <sup>th</sup> October 2018	<input type="checkbox"/>	Form to be returned by 1 <sup>st</sup> October 2018, 3pm
Child's Legal Surname:		
Child's Legal Forename:		
Child's Middle Name (if applicable):		
Child's Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Child's Date of Birth:		
Parent/Carer Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>		
Parent/Carer Surname:		
Parent/Carer Forename:		
Relationship to Child: Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> (please specify)		
Do you have parental responsibility for this child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Full Address: House/ Flat number/Name _____		
Road: _____		
Town: _____		
County: _____		
Postcode: _____		
Home Phone Number:	Mobile Number:	
Email Address:		
Child's Current School:		
Does your child have a Statement of Educational Needs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have any special arrangements for examinations? e.g. extra time, reader Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes please specify:		
Signed: _____ Date: _____		

Children will not be able to sit the test unless the completed form is returned by the above deadline. Please return the form to: Miss Reeve The Victory Academy, Magpie Hall Road, Chatham Kent ME4 5JB or email to [admissions@thevictoryacademy.org.uk](mailto:admissions@thevictoryacademy.org.uk)

We obtain this data to enable us to function effectively as an education provider or for statutory reasons. For further information on how yours or your child's data is used, shared, kept secure and retained please refer to our Privacy Notice which can be found at [www.thevictoryacademy.org.uk/legal/privacy/](http://www.thevictoryacademy.org.uk/legal/privacy/)

If yours or your child's data changes at any point, please contact us at The Victory Academy so that we can amend the data.