

**LINCOLNSHIRE CONSORTIUM  
OF GRAMMAR SCHOOLS**

**TESTING FOR GRAMMAR SCHOOL ENTRY- SEPTEMBER 2017**

**I WOULD LIKE MY CHILD TO TAKE PART IN THE TESTING PROCEDURE  
ADMINISTERED BY: (insert 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 .....**      **Date .....**

<b>FULL NAME OF CHILD</b>	<b>MALE</b>	<b>FEMALE</b>	<b>DATE OF BIRTH</b>
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**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: .....

**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:** .....

**Current Special Educational Provision**

**Nature of Difficulty / Disability (Please ✓)**

Cognition and learning (eg Dyslexia, Dyspraxia, Slow Processing, ADD)		Social, emotional and mental health difficulties (eg ASD)	
Communication and interaction (eg ASD)		Sensory and/or physical needs (includes long term health conditions)	

**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.*

**Thank you.**

**Where applicable the 11+ Coordinator of the relevant school will contact your primary school to discuss any adjustments that may be required.**