

KENT TEST REGISTRATION FORM

For pupils born between 1 September 2008 and 31 August 2009



Please ensure that you have read KCC's Admissions Privacy Notice at www.kent.gov.uk/privacy before completing this form

Please complete section in BLOCK CAPITALS

Child's details

Forename	Surname	DOB DD MM YEAR	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's address		Child's Current School		
Postcode		LA & DFE Number	Town/Postcode	

Further information

MY CHILD HAS AN EHCP (EDUCATION, HEALTH & CARE PLAN)

Yes

No

MY CHILD IS ELIGIBLE FOR FREE SCHOOL MEALS

Yes

No

MY CHILD MAY NEED SPECIAL ARRANGEMENTS FOR THE KENT TEST,
I WILL BE DISCUSSING THIS WITH THEIR PRIMARY SCHOOL

Yes

No

MY CHILD USES A WHEELCHAIR OR HAS A SERIOUS MEDICAL CONDITION
WHICH A TEST CENTRE WILL NEED TO KNOW ABOUT (ATTACH DETAILS ON A SEPARATE SHEET)

Yes

No

Parent/Guardian details

Title	Parent Forename	Parent Surname
Email address		
Telephone number 1	Telephone number 2	
Signed	Date	

Please return to:

Admissions, Room 2.20, Sessions House, County Hall, Maidstone, ME14 1XQ

If you would like your form acknowledged please enclose a Stamped Addressed Envelope (SAE)

Or email your form to kentonlineadmissions@kent.gov.uk (please do not do both)

CLOSING DATE FOR APPLICATIONS IS WEDNESDAY 3 JULY 2019