

# THE LEIGH ACADEMY

email: [admissions@leighacademy.org.uk](mailto:admissions@leighacademy.org.uk)

## FAIR ABILITY BANDING TEST FORM

For entry in September 2021 at age 11+



**PLEASE NOTE: CLOSING DATE FOR APPLICATIONS IS FRIDAY 30<sup>TH</sup> OCTOBER 2020**

Please read 'The Leigh Academy Admissions Procedure 2021' before completing this form

By completing this form, you are registering your child to take The Leigh Academy Fair Ability Banding Test. Parents/Carers must also apply for a space at The Leigh Academy by completing the Kent Secondary Admissions Online Application <https://kent.cloud.servelec-synergy.com/Synergy/Parents/default.aspx>

Primary School <i>(name only)</i> :				<b>For office use only</b> Band: _____ Receipt No: _____ Initials: _____ Date: _____
Child's first name(s):				
Child's surname:				
Date of birth:		Age:		
Home address:	_____ _____ _____ Post Code: _____			
<b>PARENT / CARER</b> <i>(please delete as applicable)</i>	<b>Miss / Ms / Mrs / Mr / Dr / Other:</b>			
First name(s):	Surname:			
Address if different to child:				
Daytime telephone number:				
Email address:				
<b>PARENT / CARER</b> <i>(please delete as applicable)</i>	<b>Miss / Ms / Mrs / Mr / Dr / Other:</b>			
First name(s):	Surname:			
Address if different to child:				
Daytime telephone number:				
Email address:				

Does your child have any siblings at The Leigh Academy? If yes, please include the name(s) of sibling(s)  
\*Please note if the sibling does not attend the academy in Year 7-11 in 2021 there will be no sibling link for the applicant on this form.

Please enter the names of other children in your family who already attend The Academy.

Name(s) of brother(s) and/or sister(s):	Age:	Year Group in Sept 2021

Is your child a Child in Care?  
*Please tick appropriate box*

YES  NO

Does your child have an Educational Health Care Plan?  
*Please tick appropriate box*

YES  NO

Does your child have any health, special educational needs or critical needs that should be taken into consideration? If yes, please include full details below (Please email [admissions@leighacademy.org.uk](mailto:admissions@leighacademy.org.uk) supporting evidence from qualified medical or other practitioner)

I/we declare that the above details are correct and understand that failure to disclose or the giving of false information will result in my child's application being rejected. I/we also understand that should false information be given in the above details; any subsequent offer will be withdrawn and my child will be given no further consideration for a place at The Leigh Academy. The Leigh Academy reserve the right to request evidence of student's residential address.

I/we agree to The Leigh Academy processing personal data contained in this form and other relevant data which The Leigh Academy may obtain from myself or other people as part of the Admissions Procedure. I/we agree to the processing of such data for any purposes described above in accordance with the General Data Protection Regulation and the Data Protection Act 2018.

Signature(s) of Parents(s)/Carer(s)

1) \_\_\_\_\_

2) \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_