



BOURNEMOUTH SCHOOL
FOR GIRLS

Registration Form

(for Admission to Year 7 in September 2020)



Please complete the questionnaire by the published date to allow us to make appropriate arrangements to test your child. This information may be used on the test day to help support your child to demonstrate their potential. All information given will be treated in the strictest confidence. The information you supply and the test outcomes will be shared with all schools in the consortium (Bournemouth School, Bournemouth School for Girls, Parkstone Grammar School and Poole Grammar School) and GL Assessment. **Please tick all relevant boxes and return the form to the preferred school you wish your daughter to sit the entrance test at.**

Child's Legal Surname			
Child's Forename			
Child's Date of Birth		Child's Gender (please tick to confirm) Female	<input type="checkbox"/>
Child's Current School			
Child's Home Address (this must be where the child normally lives)	Postcode:		
Home LA (Where you pay your council tax)	BCP (Council of Bournemouth, Christchurch, Poole)	<input type="checkbox"/>	Other <input type="checkbox"/>
I confirm my daughter will sit the test at:			
Bournemouth School for Girls		<input type="checkbox"/>	Parkstone Grammar School <input type="checkbox"/>
Please indicate which school you are likely to apply for a school place at:			
Bournemouth School for Girls		<input type="checkbox"/>	Parkstone Grammar School <input type="checkbox"/> Both <input type="checkbox"/>
Entitled to Pupil Premium (Pupil Premium children are those who have been registered for free school meals at any point in the last six years (known as 'Ever 6 FSM'), children who have been looked after continuously for more than six months and children of service personnel (Ever 6). The list of welfare support payments that trigger FSM eligibility can be found at www.gov.uk/apply-free-school-meals . (If you answer 'YES' to this question, please provide evidence to the school no later than Thursday 31 October 2019)			Yes / No
Does your child have a Special Educational Need and/or Disability which might affect their performance in the entrance tests? (If you answer 'YES' to this question, please download and complete the Application for Access Arrangements form and append the necessary evidence, which must be received by the school no later than 12 noon on Monday 9 September 2019)			Yes / No
Does your child have a Statement of Special Educational Need/Educational Health Care Plan? (If you answer 'YES' to this question please download and complete the Application for Access Arrangements form and append the necessary evidence, which must be received by the school no later than 12 noon on Monday 9 September 2019)			Yes / No
Home Tel Number:		Mob Tel Number:	
Emergency Tel No (For Testing Day):			
Email:			
Declaration: I have read the admissions policy and the instructions and arrangements for candidates which are published on the school website. The information I have provided is accurate. I understand and accept that the information that I have supplied and test score information will be shared between the consortium schools and GL Assessment. <input type="checkbox"/> (✓ please tick)			
Name of Parent(s)/Carer(s):			
Signed:			Date:

This registration form must be submitted by 12 noon on Friday 6 September 2019

Any subsequent correspondence should be marked for the attention of the Admissions Officer and sent to the school chosen as the preferred place at which your child will sit the entrance tests by the deadline

Monday 9 September

**Special Educational Need/Disability which might affect performance in the tests/
Statement of Special Educational Need/Educational Health Care Plan**

Thursday 31 October

Pupil Premium (please see 'Entitled to Pupil Premium' criteria above)