

LINCOLNSHIRE CONSORTIUM OF GRAMMAR SCHOOLS  
TESTING FOR GRAMMAR SCHOOL ENTRY- SEPTEMBER 2020

I WOULD LIKE MY DAUGHTER TO TAKE PART IN THE TESTING PROCEDURE  
ADMINISTERED BY KESTEVEN AND GRANTHAM GIRLS' SCHOOL

Sandon Road, Grantham, Lincs NG31 9AU  
Tel: 01476 563017 email: [mailto@kestevengrantham.lincs.sch.uk](mailto:mailto@kestevengrantham.lincs.sch.uk)  
[www.kestevengrantham.lincs.sch.uk](http://www.kestevengrantham.lincs.sch.uk)

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 I understand that completion of this form does not constitute an application to a particular grammar school.

Signed ..... Parent/Guardian Date .....

FULL NAME OF CHILD (Please print)

DATE OF BIRTH

PRESENT PRIMARY SCHOOL: \_\_\_\_\_  
HEADTEACHER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POST CODE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

How long has your daughter been at this Primary School? \_\_\_\_\_ Yrs \_\_\_\_\_ Months

Has your child been in receipt of free school meals within the last 6 years?

*\*Excluding Universal Free School Meals in Reception, Yr 1 and Yr 2.*

\* YES  NO

One of our priorities for oversubscription is to give priority to children who are in receipt of Free School Meals. We will require evidence from you to be able to give priority on these grounds and will need \*your agreement that we may also contact your child's primary school for further information if necessary.

\* YES  NO

Please tick to indicate whether or not your child has a special educational need.

YES  NO

Does your child have an Education and Health Care Plan?

YES  NO

If yes to either please indicate the nature of their disability/difficulties/medical needs overleaf.

Does your child have a sibling at Kesteven and Grantham Girls' School?

YES  NO

If yes please give name and form: \_\_\_\_\_

Please indicate which language your child uses most often at home: English?

YES  NO

If not English please specify language: \_\_\_\_\_

PTO

**NAME OF PARENT/GUARDIAN**  
 (Please give Title e.g. Mr and Mrs, Mr, Mrs, Ms, Miss, Dr, etc) \_\_\_\_\_

**Home Email Address:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Home Telephone 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+ Co-ordinator of the relevant school will contact your primary school to discuss any adjustments that may be required.**