

SUPPLEMENTARY FORM

For Entry in September 2020 at age 11+

The Fair Banding Test will be held at Stationers' Crown Woods Academy, 145 Bexley Road, Eltham, London SE9 2PT. A high volume of applicants are anticipated and the first opportunity to sit the test will be on **Saturday 5 October 2019**. **You will be informed of the time your child has been allocated to sit the test via email or telephone. We regret we will not be able to change the time once allocated. To sit the test on 5 October, this form must be returned to The Halley Academy by Friday 27 September 2019.**

Fair banding tests will also be held at Stationers' Crown Woods Academy on **Saturday 16 and Tuesday 19 November** for applicants who do not sit the test on 5 October. Supplementary forms must be submitted to The Halley Academy by **31 October** for these tests.

PLEASE NOTE: CLOSING DATE FOR APPLICATIONS IS 31 October 2019

Please read 'Admissions Arrangements – The Halley Academy 2020' before completing this form, which can be found on our website – www.thehalleyacademy.org.uk

1. Child's Details

Surname:			
First Name:			
Date of Birth:			

2. Parent / Carer's Details

Surname:			
First Name:		Telephone:	
Email:			

Please print clearly. This information is required so that we can inform you of your child's allocated date / time to sit the Fair Banding Test.

The test is paper-based. Please inform us of any medical / health condition or special access arrangements your child may require in order to sit the test.

Signature of Parent or Carer	Date

This Supplementary Form must be returned to **Admissions, The Halley Academy, Corelli Road, Blackheath, LONDON SE3 8EP** or emailed to admissions@thehalleyacademy.org.uk

Please also ensure that you have completed and returned your secondary common application form (SCAF) to your HOME LOCAL AUTHORITY.

- N.B.
- a) We strongly recommend that you obtain a certificate of posting if you send your form by post.
 - b) In view of the large volume of applications, we cannot accommodate additional supporting evidence, other than Medical, Health or Special Access Reasons that may affect your child's ability to sit the test.

For Office Use Only:

Band:		Receipt No:		Initials:		Date:	
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