Year 7 / 8 / 9 / 10 / 11

## **READING SCHOOL**



Erleigh Road, Reading, RG1 5LW

## **Registration for Non - Routine Admission**

Please complete in **BLOCK CAPITALS** and return to: Miss Caroline Mole, Admissions Officer, Reading School, Erleigh Road, Reading RG1 5LW (Tel: 0118 9015600).

Applicants will be invited to sit an entrance test only if a place is available or becomes available.

PLEASE COMPLETE THI	NON-SHADED AREAS IN	<b>BLACK INK</b>	AND PRINT C	LEARLY	IN BLOCK CAPITALS	
Applicant's Surname						
Applicant's First Forename		Mid	dle Names			
Date of Birth	Day:	Month:		Year:		
	you may NOT apply for bot e the 'suitability for boarding		ry form.			
Current School (for identification purposes only)						
Current School Address					POSTCODE:	
Home Address						
			Postcode			
Email Address			Home Tel.			
			Emergend No.	y rei.		
Surname of Parent/ Carer completing this form	Mr/Mrs/Ms/Dr	Forename(s	)			
The address which will be used for consideration to be living within the designated area must be the applicant's permanent address at the time of testing. The exception to this is if the applicant's family are returning from abroad to a previous home within the designated area, are Crown Servants or members of the Armed Forces (documentary evidence will be required to support this). If this applies to the applicant please tick here						
Please include one recent passport size photograph of the applicant and attach it to this form.						
Please attach a current passport	I confirm that this phot	ograph is a tr	ue likeness of	the applic	cant	
sized photo of your son here.	Signed:				(Parent/Carer)	
Photos are used as a security measure in order to verify that the boy presenting for the tests is the applicant.	Date:					

The following information is used as part of the oversubscription criteria for Reading School. Please refer to Reading School's Admissions Policy for the oversubscription criteria.

Does the applicant have any special educational needs or a disability for which special arrangements are needed for the entrance tests? If yes, please send supporting information from an accredited medical professional recommending arrangements appropriate to need. It is also necessary to establish a history of need by demonstrating that similar arrangements are in place at your son's current school.	YES/NO
Is the applicant's main carer currently in receipt of Income Support and/or entitled to claim free school meals at his current school at the time of the test. Documentary evidence that the parent is in receipt of the appropriate support payment entitling the child to free school meals will be required.	YES/NO
Is the applicant's parents serving in the armed forces stationed in England, and exercising parental care and responsibility for the applicant.  Documentary evidence will be required.	YES/NO

In completing this application and signing the form, you hereby grant permission to the school(s) to share with the University of Durham and any associated parties directly involved in the testing process, any personal information contained herein. In addition you also grant the University of Durham permission to subsequently share this personal information with any other school performing similar testing for any reason deemed necessary by the University of Durham in order to ensure the integrity of the test. At all times the University of Durham and the school(s) agree to treat all personal data strictly in accordance with the Data Protection Act 1998.

Signed:	:	(Parent/Carer)
Date:		

The information on this form is processed electronically for administrative purposes and is subject to the Data Protection Act. If any of the above information is found to be inaccurate, the school reserves the right to withdraw the offer of a place at Reading School.