



Highsted

Grammar School

School Use Only:

Date: _____

Time: _____

Initials: _____

Highsted Procedure:

Registration Form to apply to be tested for admission in September 2025.

I understand that the Highsted Test is an optional test and that all applicants sitting the Highsted Test must also register for and take the Kent Test. I attach confirmation from Kent County Council of my daughter's enrolment for the Kent Test September 2025.

please tick

The Highsted Test will take place on Saturday 14 September 2024 and further details of the testing arrangements will be provided prior to the testing date.

Please return this form **no later than 4:00 pm on Monday 1 July 2024** to the Admissions Officer at this school either by hand, post or email to HighstedTestApplicants@highsted.kent.sch.uk.

An Information Meeting for Year 5 parents / carers only will be held on Thursday 20 June 2024 (details circulated by primary schools).

Details of daughter:

Surname: _____ First Name(s): _____

Date of Birth: _____ Present Primary School: _____

Home Address: _____

Postcode: _____

Details of Parent / Carer:

Title _____ * Initials: _____ Surname: _____

Home Tel No: _____ Mobile No: _____

Emergency No: _____ (for use on Saturday 14 September 2024)

Email Address: _____
(must be supplied as acknowledgement will be sent via email only, within 5 days of receipt.)

**Please select as appropriate*

Requests for Special Arrangements:

Please indicate below whether you are making a request for special arrangements to be made to access the tests and confirm that this will be supported in writing by your daughter's primary school Headteacher. **Requests cannot be considered if received after Friday 5 July 2024.**

Special arrangements required: YES NO

If YES please give details:

Parental Consent:

I / We would like my / our daughter _____ to take part in the Highsted Procedure in September 2024 for Year 7 entry in September 2025.

In the unlikely event of an accident or illness occurring, I authorise the person in charge to seek medical attention, including the use of an anaesthetic if required, on behalf of my daughter.

My daughter has the following allergies or illnesses:

Signature of Parent / Carer: _____

By signing this consent, I give permission to the school to process all the information provided, for the purpose of accessing the admissions procedures for the school. I also give consent to share this information with KCC and other third parties involved in processing this information on behalf of the school.

CLOSING DATE FOR RECEIPT OF FORMS: 4:00 pm Monday 1 July 2024.

IN EXCEPTIONAL CIRCUMSTANCES, (WHICH MUST BE EVIDENCED) LATE REGISTRATIONS WILL BE ACCEPTED BUT ONLY UP TO FRIDAY 5 JULY 2024.

I confirm I have read and understood the closing date is 1 July 2024. *please tick*

I confirm I have obtained proof of postage. *please tick*

Please return to:
Admissions Officer
Highsted Grammar School
Highsted Road
Sittingbourne
Kent ME10 4PT