

Ebbsfleet Academy

email: admin@theebbsfleetacademy.kent.sch.uk

FAIR ABILITY BANDING TEST FORM For entry in September 2023 at age 11+

PLEASE NOTE: CLOSING DATE FOR APPLICATIONS IS FRIDAY 28TH OCTOBER 2022

Please read 'Ebbsfleet Academy Admissions Procedure 2023' before completing this form

By completing this form, you are registering your child to take the Fair Ability Banding Test. Parents/Carers must also apply for a space at Ebbsfleet Academy by completing the Kent Secondary Admissions Online Application <https://kent.cloud.servelec-synergy.com/Synergy/Parents/default.aspx>

Primary School <small>(name only)</small> :					For office use only Band: _____ Receipt No: _____ Initials: _____
Child's first name(s):					
Child's surname:					
Date of birth:		Age:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home address:	_____ _____ _____ Post Code: _____				
PARENT / CARER <small>(please delete as applicable)</small>	Miss / Ms / Mrs / Mr / Dr / Other:				
First name(s):				Surname:	
Address if different to child:					
Daytime telephone number:					
Email address:					
PARENT / CARER <small>(please delete as applicable)</small>	Miss / Ms / Mrs / Mr / Dr / Other:				
First name(s):				Surname:	
Address if different to child:					
Daytime telephone number:					
Email address:					

Does your child have an Educational Health Care Plan?

YES

NO

Please tick appropriate box

Does your child have any health, special educational needs or critical needs that should be taken into consideration? If yes, please include full details below (Please email admin@theebbsfleetacademy.kent.sch.uk supporting evidence from qualified medical or other practitioner)

I/we declare that the above details are correct and understand that failure to disclose or the giving of false information will result in my child's application being rejected. I/we also understand that should false information be given in the above details; any subsequent offer will be withdrawn and my child will be given no further consideration for a place at Ebbsfleet Academy. The Academy reserve the right to request evidence of student's residential address.

I/we agree to Ebbsfleet Academy processing personal data contained in this form and other relevant data which Ebbsfleet Academy may obtain from myself or other people as part of the Admissions Procedure. I/we agree to the processing of such data for any purposes described above in accordance with the General Data Protection Regulation and the Data Protection Act 2018.

Signature(s) of Parents(s)/Carer(s)

1) _____

2) _____

Date: _____

Date: _____