



Liverpool College

Please complete this form in **BLOCK CAPITALS** and return it to The Registrar,

**Supplementary Application Form for Year 7 2018**

**This form must be completed in order to register your child for the Fair Banding Test which will take place on Saturday 7<sup>th</sup> October 2017**

**Please note that this is in addition to the Preference Form (Common Application Form) that is submitted to the Local Authority**

| Pupil's details |   |
|-----------------|---|
| Surname:        |   |
| Forename(s):    |   |
| Date of birth:  | / / Gender: Male Female (please circle) |
| Address:        |   |
|                 |   |
|                 | Postcode:                               |

| Parent or Guardian details           |   |
|--------------------------------------|---|
| Surname:                             |   |
| Forename(s):                         |   |
| Title (Mr/Mrs/Ms/Dr etc.):           |   |
| Address:                             |   |
|                                      |   |
|                                      | Postcode:   |
| <b>Email address:</b>                |   |
| Telephone numbers                    | Home:<br>Mobile:  |
| Relationship to Child: (please tick) | Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> |

|  |                          |                          |
|--|--------------------------|--------------------------|
| Are you employed by Liverpool College and have been employed continuously by the College for 2 years or more at the time of making this application? | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Yes                      | No                       |

| About your child   |   |    |
|--|---|----|
| Is the child a Looked After Child in the care of the Local Authority or been previously 'looked after' and has now been adopted by you (or become subject to a residence order or special guardianship order)? | Yes<br><i>(Please provide evidence)</i> | No |
| Does your child have a statement of special educational needs (SEN) or Education, Health and Care (EHC) plan that names Liverpool College?   | Yes                                     | No |

| Siblings at Liverpool College  |
|--|
| Please give the name(s) of any sibling(s)* who will be pupils at Liverpool College in Years Reception to Year 13 on the date of admission. |
|  |
|  |

*\* siblings include natural brothers or sisters, half brothers or sisters, step brothers or sisters, or legally adopted brothers or sisters who are living with the same family at the same address on the date of their entry to Liverpool College*

| Banding Tests   |
|---|
| ALL applicants (including those who take the music aptitude test) will be required to take a non-verbal reasoning assessment. The non-verbal reasoning assessment will be used in determining the Fair Banding procedure. |
| The Banding Test will be held on <b>SATURDAY 7<sup>th</sup> OCTOBER 2017</b> at Liverpool College.  |

| Declaration   |
|---|
| I declare the information on this application form to be true and correct and agree that it can be subject to verification. |
| Signed (Parent / Guardian): _____ Date: _____   |
| Print Name: _____   |

All information will be treated as confidential

THIS FORM MUST BE RETURNED TO THE REGISTRAR,

Liverpool College, Queens Drive, Liverpool, L18 8BG, **BY 22nd SEPTEMBER 2017**

**THIS FORM MUST NOT BE EMAILED**