**NORTH YORKSHIRE COUNCIL**

**SELECTION TEST REPLY SLIP**

**To be returned by Monday 17 June 2024**

**Please note it is important that you complete and return this form as indicated below to allow the Local Authority to make the necessary arrangements for the selection test.**

|  |  |
| --- | --- |
| Child’s Forenames: | Surname: |
| Date of Birth: | Current School: |
| Full address: |

Please highlight/tick below as appropriate:

**□ I confirm that I want** my child to sit the selection test in September 2024 at Ripon Grammar School.

**□ I do not** want my child to sit the selection test and I understand that my child will be withdrawn from the selection test scheme.

**□ I feel that my child requires special arrangements to undertake the selection test and these have been discussed with the Headteacher. Please provide brief reasons below:**

 …………………………………………………………………………………………………………………

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**□ I understand that should special arrangements be agreed the test date maybe on a later date than the bulk test days.**

**Please complete the details below:**

|  |  |
| --- | --- |
| Parent/Carer Name:  | Preferred Email Address:  |
| Full Address (if different from above): | Main Contact Telephone Number:  |
| Parent/Carer Signature (e-signature will suffice):Date:  |

Please return your completed form asap and **no later than Monday 17June 2024**.

Email: schooladmissions@northyorks.gov.uk (please include in the Subject box “Selection Test Reply Slip”).