

11 + MOCK TEST BOOKING FORM

CHALKWELL HALL JUNIOR SCHOOL

20th May/8th July/9th September 2017

CHILD'S NAME: _____

D.O.B: _____ (DD/MM/YYYY)

ADDRESS: _____

HOME TEL: _____

MOBILE NO: _____

E-MAIL: _____ (PLEASE WRITE CLEARLY)

PLEASE INCLUDE ANY USEFUL MEDICAL INFORMATION ON THE REVERSE OF THIS FORM (E.G ALLERGIES, ASTHMA, EPIPEN REQUIRED ETC)

PLEASE INDICATE WHICH MOCK TEST(S) YOU WISH TO BOOK BY PLACING A CROSS(ES) IN THE APPROPRIATE BOX(ES) BELOW (Further details will be e-mailed to you one week prior to the commencement of the Mock Test).

MOCK TEST 1: SATURDAY 20TH MAY 2017 8.45AM-11.30AM £30.00

MOCK TEST 2: SATURDAY 8TH JULY 2017 8.45AM-11.30AM £30.00

MOCK TEST 3: SATURDAY 9TH SEPTEMBER 2017 8.45AM-11.30AM £30.00

ALL THREE MOCK EXAMS £90.00

I ENCLOSE A CHEQUE/CASH FOR £ _____. (IF PAYING BY CHEQUE PLEASE MAKE PAYABLE TO 'LEARNING PLUS SOUTHEND')

SIGNED _____ (Parent/Carer)

PLEASE RETURN THIS FORM TO MR MASKELL AT CHALKWELLHALL JUNIOR SCHOOL