



Request for Aptitude Testing Form

Please read the School's Admissions Policy carefully before completing this form.

The Admissions Policy is available on the School's website and also in hard copy from the School's Admissions Manager

(contact details can be found in the Additional Information section below).

Child's full legal name:		
Child's date of birth:		
Child's home address:		
Please only provide details for one parent below. No details of the other parent should be given. The definition of a 'parent' is set out in the School's Admissions Policy.		
Parent's full legal name:		
Parent's address (if different from the address stated above):		
Parent's email address:		
Parent's contact number:		
I wish for my child to take part in the aptitude testing for (please select one only):	Sport:	Music:
Please set out what special concessions (e.g. extra time or other support) you believe your child requires in respect of the aptitude testing due to their special educational needs or disability (e.g. epilepsy, hearing problems, sight conditions, problem with reading or writing, including dyslexia, mobility etc.)		

Please provide all information directly relevant to your request and provide supporting evidence from professionals, where appropriate. Please do not provide any information that is not directly relevant to your request for special concessions to be made during the aptitude testing as this cannot be considered.

Parent's Signature _____

Date _____

Additional Information

Please note that this form is additional to the Local Authority application form, which must be submitted by 31 October 2025.

Please return this form by close of business on 12 September 2025 to: Miss Neal, Admissions Manager, St Martin's School, Hanging Hill Lane, Hutton, Brentwood, Essex, CM13 2HG or by email to sneal@st-martins.essex.sch.uk.