



Sherry Brandenburg Bent

Home 0208 459 6778
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8A Coverdale Road
London
NW2 4BU

DECEMBER 2019 EXAM TRIAL REGISTRATION FORM

I am interested in reserving a place for my child to attend an "Exam Trial" at the Sulgrave Club, **287 Goldhawk Road, W12 8EU** on Saturday 14th December/Monday 30th December 2019.

The purpose of the exam trial is to give your child the experience of sitting tests under exam conditions. We want them to become comfortable and confident working within a highly structured environment.

The exam trial includes one hour of English (extending writing and comprehension), one hour of Mathematics and one hour of Verbal and Non-Verbal Reasoning.

If you have any questions regarding the exam trials, please feel free to contact us at any time. We try to give the children a number of examples of questions that might come up in their exams. However, in saying this, the most important thing is that children comprehend the questions asked and check their answers as they go through their papers.

There will be a short break at 11:00am so please send in a healthy snack (**nut free**) and a bottle of water.

The exam papers can be collected from **8A Coverdale Road, NW2 4BU** on **Monday 16th December 2019 between 6:30 pm – 8:30 pm** or **Thursday 2nd January 2020 between 5:00pm – 9:00 pm**.

Please confirm by email the approximate time for collecting the exam papers so we can have them ready for retrieval. If you are unable to collect the exam papers and would like them posted, we will send them to the address on your child's registration form.

My child, _____, will be attending the Exam Trial on:

Saturday 14th December 2019 at the Sulgrave Club, from 9 am – 12 noon.

Monday 30th December 2019 at the Sulgrave Club, from 9 am – 12 noon.

The cost of an exam trial is £150.00. Please make your cheque payable to *Brandenburg Bent Tutorials Ltd*, or you may request bank details. **Payment is due upon registration.**

Contact number: _____ Email: _____

Home address: _____

Child's current school & year: _____ D.O.B: _____

Allergies/Health Concerns: _____

Signed: _____ Print name: _____



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Date: _____