



DECEMBER 2016/JANUARY 2017 EXAM TRIAL REGISTRATION FORM

I am interested in registering my child to attend an “Exam Trial” at the Sulgrave Club in late December 2016 or early January 2017.

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.

Due to a high demand over the past few years, you are only able to sign your child up to sit for **one** exam trial. The papers can be collected from **8A Coverdale Road, NW2 4BU** on the following dates.

Saturday 31st December 2016: Monday 2nd January 2017 between 6:30pm – 8:30 pm.

Saturday 7th January 2017: Monday 9th January 2017 between 6:30pm – 8:30 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 the registration form.



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My child, _____, will be attending an Exam Trial at the Sulgrave Club. Please make your cheque payable to *Brandenburg Bent Tutorials Ltd*, or you may request bank details. **Payment is due upon registration.**

Please tick the day your child will be attending.

Saturday 31st December 2016 9 am – 12 pm cost £130.00:

Saturday 7th January 2017 9 am – 12 pm cost £130.00:

Please note your child may only attend one exam trial.

Contact number:

_____ Email: _____

Home address:

Child's current school & year:

_____ D.O.B: _____

Allergies/Health Concerns:

Signed: _____ Print name:

Date:

Sherry Brandenburg Bent

Home 0208 459 6778

Mobile 0782 446 7999

8A Coverdale Road

London

NW2 4BU

www.bbtutorialsuk.com

