

Registration Form and Guidance Notes for Common Entrance Assessment

The schools listed below are entitled to use the Common Entrance Assessment in their admissions process.

Please complete this form to register your child for the Common Entrance Assessment.

Belfast Area

Belfast Royal Academy
Bloomfield Collegiate Grammar School
Campbell College
Grosvenor Grammar School
Hunterhouse College
Methodist College Belfast
Royal Belfast Academical Institution
Strathearn School
Victoria College
Wellington College

North-Eastern Area

Antrim Grammar School
Ballyclare High School
Belfast High School
Cambridge House Grammar School
Carrickfergus Grammar School
Coleraine Academical Institution
Coleraine High School
Dalriada School, Ballymoney
Larne Grammar School

South Eastern Area

Bangor Grammar School
Down High School
Friends' School, Lisburn
Glenlola Collegiate School
Regent House School
Sullivan Upper School
The Wallace High School

Western Area

Collegiate Grammar School,
Enniskillen
Foyle and Londonderry College
Limavady Grammar School
Omagh Academy
Strabane Grammar School

Southern Area

Banbridge Academy
The Royal School, Armagh
The Royal School, Dungannon

- From 2009 pupils will no longer sit the 11 plus examinations. Any child entering P7 in 2009 who wishes to apply to any of the schools listed above should sit the Common Entrance Assessment (CEA).
- It is the responsibility of parents to ensure that the CEA registration form is completed.
- Please read the instructions carefully before completing the form

Guidance Notes

Filling in the Form

- Use black ink only.
- Write clearly in BLOCK CAPITALS.
- Include three recent passport size photographs of your child for identification purposes. Attach firmly in the spaces provided.
- Write date of birth in full numbers eg. 1 March 2000 should be written as

0	1	0	3	2	0	0	0
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- Include a photocopy of your child's birth certificate.
- Sign and date the form where indicated.
- If you have difficulty completing the form advice may be obtained from AQE by email or telephone, or by making an appointment with a participating school listed on the front cover.

Section A Personal details

- Complete a separate form for each child.
- Enter your child's **full name** in the boxes provided.
- Include your child's home address.
- Please include your child's Primary School name.

Section B Access arrangements to enable pupils to sit the assessment

- Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities. If your child meets this definition of disability, please tick the box labelled **Yes**.
- Access arrangements may also apply to candidates whose first language is neither English nor Irish and who have spent less than three years in the United Kingdom and/or Ireland before 14th November 2009. If your child falls into this category, please tick the box labelled **Yes**.
- If you have ticked **Yes** to either or both of the above questions, please provide further details in the box of the measures needed to allow your child to sit the assessment. You will also be sent an Access Application Form to be completed to indicate further and specific details of the measures needed to allow your child to sit the assessment.

Section C Parent/guardian contact details

- Include the title and full name of the parent/guardian completing the application form.
- Two different personal contacts must be provided for use by the assessment centre if necessary.

Section D Preferred school location for the assessment

- This section is not an application for a place in a post-primary school. The preferences listed in this section apply to the location at which your child will complete the assessment and will be allocated in order of receipt of the registration form.

Section E Payment

- The fee for the assessment is £35. You may pay by cheque, bankers' draft or postal order, **crossed and made payable to AQE Ltd**, at the address on the front of this form. **Payments by cash will not be accepted.**
- If your child is in receipt of free schools meals at the time of application you do **not** have to pay the fee. You should tick the box marked "My child is in receipt of free school meals and I enclose the letter from the Education and Library Board which confirms this." The letter will be returned to you with the CEA admissions card. In the absence of the confirmation letter, the standard assessment fee will be charged.

Section F Irish language

- All tests will be presented in the English language; however if you wish your child to sit the tests in the Irish language then you should tick the box.

Section G Declaration

- All forms must be signed by the parent/guardian of the child taking the test.

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| <ul style="list-style-type: none">• <i>If your child has a Statement of Special Educational Needs, the admissions procedure remains broadly similar to that for 2009; he or she does not have to sit the Common Entrance Assessment (CEA).</i> |
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Registration Form

Section A Personal Details: *Please enter your child's details below.*

First name(s)

Surname

Address

Town

Postcode

Gender Male Female Date of Birth

Tick the box if you have included a photocopy of your child's birth certificate

Primary School name

Please attach a recent photograph of your child here

Please attach a recent photograph of your child here

Please attach a recent photograph of your child here

Section B Access Arrangements to enable pupils to sit the assessment:

Based on the definition of disability in the Guidance Notes, does your child have a disability?

Yes No

My child's first language is neither English nor Irish and he/she will have spent less than three years in the United Kingdom and/or Ireland before 14th November 2009. Yes No

If you have answered Yes to one or both of the above questions, please provide further details of the measures needed to allow your child to sit the assessment

Section C Parent/Guardian contact details

1st contact

Title (please tick) Mr Mrs Ms Miss Dr Other _____

First name(s)

Surname

Telephone (Home) (Mobile)

E-mail

2nd contact (for emergency contact only)

Title (please tick) Mr Mrs Ms Miss Dr Other _____

First name(s)

Surname

Telephone (Home) (Mobile)

Registration Form

Section D Preferred school location for the assessment

(Using the list on the front cover, enter the names of the schools, in order of preference, where your child will sit the assessment.)

1 st preference																				
2 nd preference																				
3 rd preference																				

Section E Payment

The fee for the Assessment is £35. You may pay by cheque, bankers' draft or postal order, crossed and made payable to AQE Ltd, to AQE at the address below. Payments by cash will **not** be accepted. If your child is in receipt of free schools meals at the time of application you do not have to pay the fee provided that you are able to provide the evidence for this as stated below.

Method of payment Cheque Postal order Bankers' Draft

My child is in receipt of free school meals and I enclose the letter from my Education and Library Board which confirms this.

Section F Irish Language

An Irish language version of the CEA will be available; if you wish your child to sit the assessment in the Irish language, please tick the box.

Section G Declaration

- I have read the notes that accompany this form and I declare that all of the information provided is correct.
- I agree to co-operate with the Association for Quality Education if they request additional information (eg. the original birth certificate for my child) as part of their checking procedures of candidates.
- I will be responsible for taking and collecting my child to and from the allocated assessment centre.
- I acknowledge that I may request one re-mark of my child's assessment, that I will have to pay for that re-mark, and that I will have to apply for such a re-mark within 14 days of the date on which the results of the assessment are despatched by the Association for Quality Education Limited to me.
- I acknowledge that if I do not seek such a re-mark within that period of 14 days, the original mark obtained by my child shall be final and not subject to challenge, and if I seek a re-mark, the mark obtained by my child on such a re-mark shall be final and not subject to challenge.
- I consent to the Association for Quality Education Limited making available to any post primary school using the Common Entrance Assessment, or any Primary School requesting information, the result obtained by my child in the assessment.

Signed: _____

Date: _____

Completed forms should be returned to AQE, 5-17 Cliftonville Road, BELFAST BT14 6JL on or before 18 September 2009.

It is the parent/guardian's responsibility to ensure the correct postage is paid and to contact the AQE office if you have not received confirmation of receipt of the form within 3 weeks of the date of posting. Parents/guardians are encouraged to obtain the free proof of postage receipt available from Post Offices or to send the form recorded delivery. Incomplete forms will be returned unprocessed. Forms arriving after the deadline date will not be processed.

----- DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY -----

Applicant Number

DOB check/birth certificate

Date received

Special Access arrangements

Form complete

School assigned

Form signed and dated

Confirmation sent

Payment included/processed

FSM letter attached