

Borden Grammar School



Borden Assessment Procedure: Registration Form to apply to be tested for admission in September 2027.

I understand that the Borden Test is an optional test and that all applicants sitting the Borden Test must also register for and take the Kent tests. I attach confirmation of my son's enrolment for the Kent Test September 2026.

please tick

We require a copy of the Kent test application in order for your son to sit the Borden test on **Saturday, 12th September 2026**. We are following the same process as KCC that you need to register for the test between 1st June and 1st July 2026.

Further details of the testing arrangements will be provided prior to the testing date.

Please return this form **no later than 4.00pm on Wednesday, 1st July 2026** to the Admissions Officer at Borden Grammar School.

Details of son:

PLEASE COMPLETE IN CAPITAL LETTERS

Surname: _____ First Name(s): _____

Date of Birth: _____ Present Primary School: _____

Home Address: _____

_____ Postcode: _____

Details of Parent/Guardian:

PLEASE COMPLETE IN CAPITAL LETTERS

Mr/Mrs/Ms/Miss* Initials: _____ Surname: _____

Home Tel No: _____ Mobile No: _____

Emergency No: _____ (for use on Saturday, 12th September 2026)

Email Address: _____

(must be supplied as acknowledgement of receipt of this form will be sent via email only, within 5 days of receipt)

**Please delete as appropriate*

PLEASE TURN OVER AND ENSURE THAT THE REVERSE SIDE OF THIS FORM IS COMPLETED.

Borden Grammar School



Requests for Special Arrangements:

Please indicate below whether you are making a request for special arrangements to be made to access the tests and confirm that this will be supported in writing by your son's primary school Headteacher.

Requests cannot be considered if received after Tuesday, 21st July 2026.

Special Arrangements required YES/NO	If YES please give details:
_____	_____
_____	_____
_____	_____

Parental Consent

I/We would like my/our son _____ to take part in the Borden Procedure in September 2026 for Year 7 entry in September 2027.

In the unlikely event of an accident or illness occurring, I authorise the person in charge to seek medical attention, including the use of an anaesthetic if required, on behalf of my son.

My son has the following allergies or illnesses:

Signature of Parent/Carer: _____ **Date:** _____

By signing this consent, I give permission to the school to process all the information provided for the purpose of accessing the admissions procedures for the school. I also give consent to share this information with KCC and other third parties involved in processing this information on behalf of the school

CLOSING DATE FOR RECEIPT OF FORMS: Wednesday, 1st July 2026. In exceptional circumstances (which must be evidenced) late registrations will be accepted but only up to Wednesday, 8th July 2026

I confirm I have read and understood the closing date is Wednesday, 1st July 2026 *please tick*

I confirm I have obtained proof of postage (required if posting your registration). *please tick*

Please return to: Admissions Officer
Borden Grammar School
Avenue of Remembrance
SITTINGBOURNE
Kent ME10 4DB

Please note that you will receive a confirmation email once you have submitted this form. If you do not receive an acknowledgement by the deadline date (1st July 2026), you must inform Mrs Cole immediately (email: jcole@bordengrammar.kent.sch.uk).