THE BISHOP'S STORTFORD HIGH SCHOOL

London Road, Bishop's Stortford, Hertfordshire, CM23 3LU Telephone: 01279 868686, Website: www.tbshs.org



SUPPLEMENTARY INFORMATION FORM FOR APTITUDE TESTS FOR ADMISSION IN SEPTEMBER 2025

Please read accompanying notes before completing this form.

CHILD'S PERSONAL DE	TAILS (block capitals please)			
Surname				
Forename				
Permanent address				
Date of birth		Postcode		
PARENT/CARER DETAIL	_S (block capitals please)			
Title First name		Surname .		
Relationship to the child				
Home/Mobile number				
e-mail address				
APPLICATION (please tid	ck the relevant box/es)			
I would like my son to take	e part in the following Aptitude Test/s			
Criterion 5: Aptitude test/s			Sport	Music
DECLARATION AND SIGNATURE To the best of my knowledge, the information given by me in connection with this application is correct. Offers may be withdrawn if it is discovered that false information has been provided.				
Signed		Date		

Siblings to a student at The Bishop's Stortford High School are not to be entered for either Aptitude test.

Please complete and return to: The Admissions Officer, The Bishop's Stortford High School, London Road, Bishop's Stortford, Herts CM23 3LU by the closing date of **26 September 2024. You will receive an acknowledgement by email.**

Applications for the Aptitude Tests will not be considered if the Supplementary Information Form (SIF) is not received by 4pm on 26 September 2024.