

# SANDWELL ACADEMY REGISTRATION FORM FOR SPORTING APTITUDE YEAR 7 SEPTEMBER 2025

Office use only

App. No.

Sport

Date Recd

**Complete this form in BLACK INK using BLOCK CAPITALS**

Please only complete this form if you


To assist with administration of the testing procedures please complete the following if relevant.  
Replying 'Yes' to any of these questions has no detrimental effect on your application.

**Does the applicant currently have a sibling or family member at Sandwell Academy?**

Yes                      No

If yes, please provide name(s) and date of birth(s):

**Is the applicant now (or has been previously) in the care of a Local Authority?**

Yes                      No                      If yes, which Local Authority:

**Special Needs**