

## Primary School Study Response Form

<b>School</b> .....
<b>Address</b> .....
<div style="text-align: right;"><b>Postcode</b> .....</div>
<b>Contact name</b> .....
<b>Job title</b> .....
<b>Email</b> .....
<b>Tel</b> .....
<b>School DFE/DENI/SEED No. (7 digits)</b> .....

**Please input the required information below**

Year Group	Number Of Participating students	Number of participating classes
Reception		
Year1		
Year 2		
Year 3		
Year 4		
Year 5		



Year 6		
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**We would also like to know if you could test using smart Tablets, please confirm below.**

Test Using Tablets? Circle Yes or No

Yes	No
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Signed .....

**Please return this form as soon as possible via email to  
Data.Services@gl-assessment.co.uk**

