

Please outline any of your child's artistic, dramatic, musical or sporting skills or experience.
Continue on a separate sheet if necessary

Please give an outline of your child's other hobbies or interests.
Continue on a separate sheet if necessary

In order for the School to comply with its obligations under the Disability Discrimination Act, please give details of any known physical disability affecting your child. Continue on a separate sheet if necessary

PLEASE NOTE Early registration is recommended. This registration form does not give rise to a commitment by the School or the parents. The offer of a place is subject to availability and the entry requirements of the School at the time of offer. Before signing, please ensure that you have read and understood the standard terms and conditions supplied with this registration form.

Please return this form with your cheque for £50.00 – payable to Aldenham School – for the registration fee.

Two signatures are required for the registration form unless impractical.

DECLARATION

I/We request that the above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee is enclosed. I/We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all my/our dealings with the School.

First Signature _____ Second Signature _____

Name in full _____ Name in full _____

Relationship to Child _____ Relationship to Child _____

Date _____ Date _____

**Please return completed form and cheque to:
Admissions Department, Aldenham School, Elstree, Hertfordshire WD6 3AJ**

Aldenham School **T** 01923 858122 **F** 01923 854410 **E** admissions@aldenham.com **W** www.aldenham.com

The Aldenham School Company is a company limited by guarantee registered in England and Wales Number 1847134 and a Registered Charity Number 298140
Registered Office: Brewers' Hall, Aldermanbury Square, London EC2V 7HR



Aldenham School

Registration Form

Request for consideration of a place on the Waiting List

Please complete in **BLOCK** capitals and tick boxes as appropriate

Surname of your Child _____

First Names _____
please underline the name generally used

Boy or Girl _____

Date of Birth _____

Nationality _____

Religion _____
if any

Do you propose Boarding Flexi Boarding Day Pupil

Day Boarding Flexi Day Boarding

Proposed Date of Entry _____

Entry Point 11+ 13+ 16+

Have you registered your child's name at any other school/s and if so, which?

Is Aldenham your only **first choice** school? Yes No

Is it likely that your future acceptance of a place would be conditional upon financial assistance? Yes No

If Yes please give details below. Continue on a separate sheet if necessary

Is it likely that your son or daughter will be a candidate for a scholarship? Yes No

If Yes in what area of exceptional performance? Continue on a separate sheet if necessary

First Parent's Title _____
Surname _____
First Names _____
Address _____
Postcode _____
Occupation _____
Home Telephone Number _____
Work Telephone Number _____
Fax Number _____
Mobile Number _____
E-mail Address _____

Second Parent's Title _____
Surname _____
First Names _____
Address _____
Postcode _____
Occupation _____
Home Telephone Number _____
Work Telephone Number _____
Fax Number _____
Mobile Number _____
E-mail Address _____

Guardian A person appointed by the court (under section 5 of the Children Act 1989) or by a parent with parental responsibility or by an existing Guardian

Guardian's Title _____
Surname _____
First Names _____
Address _____
Postcode _____
Occupation _____
Home Telephone Number _____
Work Telephone Number _____
Fax Number _____
Mobile Number _____
E-mail Address _____

Please mention here the names of any other members of the family attending the School or registered for entry or any other connection with the School

How did you first hear of the School Local Reputation Present School Friends
 Advertisement Other

If Other please give details _____

Please give the following information regarding present school
School Name _____
Address _____
Postcode _____
Telephone Number _____
Name of Head _____
Attendance Dates – From _____
To _____