



Aldenham Preparatory School

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 _____

Name in full _____

Relationship to Child _____

Date _____

Second Signature _____

Name in full _____

Relationship to Child _____

Date _____

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

Aldenham Preparatory School
T 01923 851664 **F** 01923 851605 **E** prepschool@aldenham.com **W** www.aldenham.com

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

Proposed Date of Entry _____

Entry Point Nursery 4+ Other

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

Father's Title _____

Surname _____

First Names _____

Address _____

Postcode _____

Occupation _____

Home Telephone Number _____

Work Telephone Number _____

Fax Number _____

Mobile Number _____

E-mail Address _____

Mother'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/nursery

School Name _____

Address _____

Postcode _____

Telephone Number _____

Name of Head _____

Attendance Dates – From _____

To _____