	chool to comply with its obligations under the Disability Discrimintion Act, please give own physical disability affecting your child. Continue on a separate sheet if necessary.
details of any kild	wit physical disability affecting your child. Continue on a separate sheet if flecessary.
or the Befor	SE NOTE Early registration is recommended. This registration form does not give rise to a comitment by the School e parents. The offer of a place is subject to availability and the entry requirements of the School at the time of offer. e signing, please ensure that you have read and understood the standard terms and conditions supplied with this tration form.
Pleas	e return this form with your cheque for £50.00 – payable to Aldenham School – for the regisration fee.
Two	signatures are required for the registration form unless impractical.
	LARATION
the con-	e request that the above-named child be registered as a prospective pupil. A cheque for non-returnable registration fee is enclosed. I/We understand that the standard terms and ditions of the School will undergo reasonable changes from time to time as circumstances aire and will apply in all my/our dealings with the School.
First Signati	ure
Name in	full
Relationship to C	hild

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

Aldenham Preparatory School

Name in full

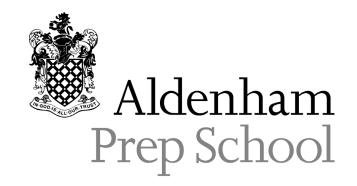
Date

Relationship to Child

T: 01923 851664 E: prepschool@aldenham.com W: aldenhamprep.com

Date ____

Second Signature _____



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		
Religion		
Proposed Date of Entry		
Entry Point	☐ Nursery ☐ Days ☐ Sessions	
	☐ 4+	
	Other please state	
	piease state	
Have you registered your child'	s name at any other school/s and if so, which?	
ls Aldenham your first choice sc	hool? 🗌 Yes 🔲 No	

Father's Title	
Surname	
First Names	
Postcode	
	_
Mother's Title	
Postcode	
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				
Mobile Number				
E-mail Address				
Please mention here the names of a registered for entry or any other con		nily attending	the School or	
How did you first hear of the School	Local Reputation Pro		☐ Friends ☐ Other	
If Other please give details				
Please give the following informatio	n regarding present school/	nursery		
School Name				
Address				
Postcode		_		
Telephone Number				
Email Address				
Name of Head				
Attendance Dates – From				
То				