

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.

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

Aldenham Preparatory School  
T: 01923 851664 E: [prepschool@aldenham.com](mailto:prepschool@aldenham.com) W: [aldenhamprep.com](http://aldenhamprep.com)



# Aldenham Prep 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

Proposed Date of Entry \_\_\_\_\_

Entry Point  Nursery  Days  Sessions

4+

Other \_\_\_\_\_  
please state

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

\_\_\_\_\_

Is Aldenham your first choice school?  Yes  No

Father's Title \_\_\_\_\_

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Title \_\_\_\_\_

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone 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 \_\_\_\_\_

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  Internet  Other

If Other please give details \_\_\_\_\_

Please give the following information regarding present school/nursery

School Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Head \_\_\_\_\_

Attendance Dates – From \_\_\_\_\_

To \_\_\_\_\_