



# Grimsdell

MILL HILL PRE-PREPARATORY SCHOOL

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Serial no.: \_\_\_\_\_

(for office use)

## REGISTRATION FORM (Request for a place on the waiting list)

Please note that an application for admission to Grimsdell, The Mill Hill Pre-Preparatory School automatically registers your child for admission to Belmont School at age 7+ and Mill Hill School at age 13+ - no further registration fee for either Belmont or Mill Hill are required.

1. Surname of Child \_\_\_\_\_  Boy  Girl

First name(s) \_\_\_\_\_

(please underline the name generally used)

2. Date of Birth   /   /

Nationality \_\_\_\_\_ Religion \_\_\_\_\_

3. Proposed entry date   /   /     at age

4. Father's title, full name and address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Tel. no. (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (email) \_\_\_\_\_

5. Mother's title, full name and address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Tel. no. (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (email) \_\_\_\_\_

6. (If applicable) please give the name and address of any other person whose consent should be obtained to the child coming to the School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Tel. no. (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (email) \_\_\_\_\_

7. Please say how you first heard of the School. Was it from:

- Local reputation?  Present School?  Friends?  Advertisement?  Radio?  ISIS?  
 Other? (please give details)

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8. Please state here the names of other members of the family attending the School or registered for entry, or any other connection with the school.

Name of member of family \_\_\_\_\_  Boy  Girl  
School no. (if applicable) \_\_\_\_\_  
School attended (Mill Hill/Belmont/MH Pre-Prep.) \_\_\_\_\_

9. If applicable name and address of present School (with dates)

Name of Head \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates attended \_\_\_\_\_

10. Have you registered or do you intend to register the child at any other School?  Yes  No

If so, please state which \_\_\_\_\_

11. If you would like to do so, please outline any particular artistic, dramatic, musical or sporting skills or experience of the child (if applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Please give a brief outline of any other hobbies or interests of the child (if applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Under the School's Disability Policy, and SEN and Learning Difficulties Policy please disclose any medical conditions (including allergies), special educational need, health problems, learning difficulty or disability of your child. This will assist the School to consider any adjustments it might need to make to assist the child to partake in the School's admissions procedure or when the child enters the School. Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc. *All information provided will be treated in strictest confidence.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

- (a) Early registration is recommended so as to ensure your child's place on the Entry List of the School.
- (b) The offer of a place is subject to availability, the entry requirements at the time and the standard terms and conditions of the School.
- (c) Fees are reviewed and the standard terms and conditions are changed from time to time. A copy of the current editions of the fees list and the standard terms and conditions are available on request.

## DECLARATION

- A cheque payable to MILL HILL SCHOOL FOUNDATION for the non-returnable Registration Fee of £100 is enclosed.
- We certify that the above named child has not been dismissed or removed from any school on account of misconduct.
- We understand and agree that the School will need to obtain, hold and use personal information about our child, both for assessment and throughout his/her time at the School if a place is later offered and accepted.

Father's signature \_\_\_\_\_

Name in full (capitals please) \_\_\_\_\_

Date   /   /

Mother's signature \_\_\_\_\_

Name in full (capitals please) \_\_\_\_\_

Date   /   /

Signature of others (please refer to Section 6 of this form) \_\_\_\_\_

Name in full (capitals please) \_\_\_\_\_

Date   /   /