

## Registration Form

Please complete this form and return to the Registrar together with the non-returnable fee of **£80** (cheques made payable to '**Hendon Preparatory School**').

### 1) Pupil Details

First name:		Gender:	
Surname:		Date of birth	
Preferred name:		Nationality:	
Proposed date of entry:		Year group:	
Address:			
Post Code:			

### 2) Current School

Name of school:		Headteacher's name:	
Address of school and contact number:			

### 3) Mother's Details

Mr   Mrs   Miss   Ms   Dr		Marital Status:	
First name:		Occupation:	
Surname:		Employer's business name and address (if relevant)	
Address:	<i>(If different from above)</i>		
Post Code:			
Home telephone:		Work	
Mobile:		Email address:	

#### 4) Father's Details

Mr	Mrs	Miss	Ms	Dr	(please circle)	Marital Status:	
First name:						Occupation:	
Surname:						Employer's business name and address	
Address:		<i>(If different from above)</i>					
						Post Code:	
Home telephone:						Work	
Mobile:						Email address:	

**5) 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.**

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**6) Please say how you first heard of Hendon Preparatory School:**

- Local Reputation                       Present School                       Friends  
 Advertisement                       Website                       Other

**7) Please provide us with details of any medical condition (including allergies), disabilities, special educational need or learning difficulty of your child, using the attached Confidential Information Form (if applicable). Please also use the form to provide details of languages spoken at home if English is not the child's first language.**

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Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the Terms and Conditions will be supplied on request.

**Declaration**

We request that the name of our above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £80 is enclosed. We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

**PLEASE ENSURE THAT BOTH PARENTS SIGN THIS FORM**

First signature:	Second signature:
Name in full:	Name in full:
Relationship to child:	Relationship to child:
Date:	Date:

**Cognita Schools Limited (trading as Hendon Preparatory School): a Company  
Limited by Shares  
Registered in England No: 02313425  
Registered Office: Seebeck House, One Seebeck Place Knowlhill, Milton Keynes,  
Buckinghamshire  
MK5 8FR**

***Please complete the Confidential Information Form  
overleaf...***

## Confidential Information Form

All information received in this form will be treated in confidence.

Child's Name: \_\_\_\_\_

Parent's /Guardian's Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Under the School's Disability Policy, and SEN and Learning Difficulties Policy we are required to provide you with the opportunity to disclose any medical conditions (including allergies), health problems, learning difficulty, parental concerns, special educational need or disability of your child. Please provide as much detail as possible in the box below and attach copies of any relevant documentation such as medical reports, assessments, letters, etc.

Please write '**NONE**' in the box above if your child **does not** have any medical conditions (including allergies), health problems, learning difficulty, parental concerns, special educational need or disability.

Please indicate if your child has ever attended any of the following:

Speech Therapy     Occupational Health     Paediatric Assessment Team

Early Years Team     Educational Psychologist

Any other support service and / or medical professional. Please specify:

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Please specify family language: \_\_\_\_\_

*At Cognita we look after your personal information and only use your personal information for the purpose for which it has been collected. If you would like further information about how and why we use your personal information, please see our privacy notices; these are available on our website at: <https://www.hendonprep.co.uk/privacy-and-cookie-policies>*