



HEREWARD HOUSE SCHOOL

14 Strathray Gardens, London, NW3 4NY

Tel: 020 7794 4820

office@herewardhouse.co.uk

Term: Michaelmas/Lent/Summer (please circle one) 20_____

Boy's Name			
Address			
		Post Code	
Date of Birth		Religion	
Name of Parents or Guardians			
Email Address of Parents or Guardians			
Telephone No of Parents or Guardians			
Occupation of Parents or Guardians			
Previous or Current Nursery/School			
Address			
Please tick this box to confirm that you are willing for the school to contact your current nursery <input type="checkbox"/>			
We realise this is very early but please tick which type(s) of Senior School you might consider for your son		Prefer day, but would consider 13+ Boarding <input type="checkbox"/> 13+ Boarding <input type="checkbox"/> 13+ Day <input type="checkbox"/> 11+ Day <input type="checkbox"/>	
Please List any Senior Schools you are likely to be interested in			
Please give any details of general, medical or educational information which, in the boy's interest, should be known. (Please attach any information on a separate piece of paper overleaf.) Failure to disclose the relevant information could invalidate this application.			
Date		Signature of Parent/Guardian	
Signature of person responsible for payment of school fees if different from above			

Please return the completed registration form together with a non-refundable registration fee of £100.00. Cheques should be made out to Hereward House School.

Cheque Number		Date	
---------------	--	------	--