



# Mayfield Grammar School Gravesend

A Specialist Science and Language College  
Pelham Road, Gravesend, Kent, DA11 OJE  
Telephone: 01474 352896 Fax: 01474 331195

Website: [www.mgsg.kent.sch.uk](http://www.mgsg.kent.sch.uk) Email: [enquiries@mgsg.kent.sch.uk](mailto:enquiries@mgsg.kent.sch.uk)  
Headteacher: Mrs E Wilson B.A. (Hons)

# 100

1914 - 2014

**Mayfield Procedure: Registration Form to apply to be tested for admission in September 2020.**

**All applicants must also register for and take the Kent tests.**

Tests will take place on Saturday 14<sup>th</sup> September 2019 and further details of the testing arrangements will be provided prior to the testing date. There will be no choice offered of testing times.

**Please return this form by 4.00pm on Wednesday 3rd July 2019 to Mrs J McBride at this school.**

**An Information Meeting for Year 5 parents only will be held on Wednesday 19<sup>th</sup> June 2019 (details circulated by Primary schools).**

<b>Details of daughter:</b>	<b>PLEASE COMPLETE IN CAPITAL LETTERS</b>
Surname: _____ First Name(s): _____	
Date of Birth: _____ Present Primary School: _____	
Home Address: _____	
_____ Postcode: _____	
<b>Details of Parent/Guardian:</b>	<b>PLEASE COMPLETE IN CAPITAL LETTERS</b>
Mr/Mrs/Ms/Miss* Initials: _____ Surname: _____	
Home Tel No: _____ Mobile No: _____	
Emergency No: _____ (for use on Saturday 14 <sup>th</sup> September)	
Email Address: _____	
<i>(must be supplied as acknowledgement of receipt of this form will be sent via email only, within 5 days of receipt)</i>	

\*Please delete as appropriate

**PLEASE TURN OVER AND ENSURE THAT THE REVERSE SIDE OF THIS FORM IS COMPLETED.**



**Requests for Special Arrangements:**

Please indicate below whether you are making a request for special arrangements to be made to access the tests and confirm that this will be supported in writing by your daughter's primary school Headteacher. **Requests cannot be considered if received after Friday 12<sup>th</sup> July 2019.**

**Special Arrangements required YES/NO**

If YES please give details:

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**Parental Consent:**

I/We would like my/our daughter \_\_\_\_\_ to take part in the Mayfield Procedure in September 2019 for Year 7 entry in September 2020.

In the unlikely event of an accident or illness occurring, I authorise the person in charge to seek medical attention, including the use of an anaesthetic if required, on behalf of my daughter.

My daughter has the following allergies or illnesses:

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Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**CLOSING DATE FOR RECEIPT OF FORMS: Wednesday 3rd July 2019.** IN EXCEPTIONAL CIRCUMSTANCES, (WHICH MUST BE EVIDENCED) LATE REGISTRATIONS WILL BE ACCEPTED BUT ONLY UP TO THE 12<sup>th</sup> JULY 2019.

Please return to:

Mrs J McBride  
Headteacher PA  
Mayfield Grammar School, Gravesend  
Pelham Road  
Gravesend  
Kent DA11 0JE

**Please note that you will receive a confirmation email and a written receipt once you have submitted this form. If you do not receive an acknowledgement by the deadline dates, you must inform Mrs McBride immediately.**