



# Mayfield Grammar School Gravesend

Pelham Road, Gravesend, Kent, DA11 0JE  
Telephone: 01474 352896 Email: [enquiries@mgsg.kent.sch.uk](mailto:enquiries@mgsg.kent.sch.uk)  
Website: [www.mgsg.kent.sch.uk](http://www.mgsg.kent.sch.uk)  
Headteacher: Mrs E Wilson B.A. (Hons)



**Mayfield Procedure: Registration Form to apply to be tested for admission in September 2026.**

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

Tests will take place on Saturday 13<sup>th</sup> September 2025 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 2<sup>nd</sup> July 2025 to Mrs J McBride at Mayfield Grammar School, Gravesend.**

Please post or send via email to: [admissions@mgsg.kent.sch.uk](mailto:admissions@mgsg.kent.sch.uk)

**Details of child: PLEASE COMPLETE IN CAPITAL LETTERS**

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Primary School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

**Details of Parent/Carer: PLEASE COMPLETE IN CAPITAL LETTERS**

Mr/Mrs/Ms/Miss\* Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Emergency No: \_\_\_\_\_ (for use on Saturday 13<sup>th</sup> September)

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

*(must be supplied as acknowledgement of receipt of this form will be sent via email only, within 5 days of receipt)*

\*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 child's primary school Headteacher.

**Requests cannot be considered if received after Monday 7<sup>th</sup> July 2025.**

#### Special Arrangements required YES/NO

If YES please give details:

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#### Parental Consent:

I/We would like my/our child \_\_\_\_\_ to take part in the Mayfield Procedure in September 2025 for Year 7 entry in September 2026.

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 child.

My child has the following allergies or illnesses:

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

**Closing date for receipt of forms: Wednesday 2<sup>nd</sup> July 2025.**

**In exceptional circumstances (which must be evidenced) late registrations will be accepted, but only up to the 7<sup>th</sup> July 2025.**

Please return to:

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

Please post or send via email to: [admissions@msgg.kent.sch.uk](mailto:admissions@msgg.kent.sch.uk)

**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.**