



Mayfield Grammar School Gravesend

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

110
1914 - 2024



Mayfield Procedure: Registration Form to apply to be tested for admission in September 2027.

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

Tests will take place on Saturday 12th September 2026 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 Friday 3rd July 2026 to Mrs J McBride at Mayfield Grammar School, Gravesend.

Please post or send via email to: 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 12th 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.



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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 6th July 2026.

Special Arrangements required YES/NO

If YES please give details:

Parental Consent:

I/We would like my/our child _____ to take part in the Mayfield Procedure in September 2026 for Year 7 entry in September 2027.

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:

Signature of Parent/Carer: _____ Date: _____

Closing date for receipt of forms: Friday 3rd July 2026.

In exceptional circumstances (which must be evidenced) late registrations will be accepted, but only up to the 6th July 2026.

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@mqsg.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.