



KING'S
SCHOOL

**ACADEMIC ENTRANCE SCHOLARSHIP
FOR YEAR 7, 2019**

APPLICATION FORM

NAME OF BOY _____
(Surname) *(First Names)*

DATE OF BIRTH: _____ Age at 1st January 2018: _____
Years *Months*

CURRENT SCHOOL: _____

PRINT PARENTS' FULL NAMES: _____

OCCUPATION / EMPLOYER(S): _____

HOME ADDRESS: _____

TELEPHONE: Home: _____ Work: _____

Email: _____ Mobile Ph: _____

(PLEASE ENCLOSE A COPY OF YOUR SON'S LATEST SCHOOL REPORT)

Please return this application form by 9th February 2018 to:

Gabrielle Smith
King's School
Private Bag 28914, AUCKLAND 1541
Email: g.smith@kings.school.nz