



KING'S
SCHOOL

**MUSIC SCHOLARSHIP
FOR YEAR 7, 2018**

APPLICATION FORM

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

DATE OF BIRTH : _____ Age at 1st January 2017 _____
Years Months

CURRENT SCHOOL: _____

PRINT PARENTS' FULL NAMES: _____

OCCUPATION / EMPLOYER: _____

ADDRESS: _____

TELEPHONE: Home: _____ Work: _____

Email: _____ Mobile Ph: _____

INSTRUMENT(S) PLAYED: (1) _____ GRADE _____

(2) _____ GRADE _____

(PLEASE ENCLOSE YOUR SON'S LATEST SCHOOL REPORT)

Please return this application form by 15th August 2017 to:

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