



KING'S
SCHOOL

**MUSIC SCHOLARSHIP
FOR YEAR 7, 2020**

APPLICATION FORM

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

DATE OF BIRTH: _____ Age at 1st January 2019 _____
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)

APPLICATIONS CLOSE: Friday 3 May 2019
ENTRANCE TESTING: Monday 13 May 2019

Admissions Coordinator
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