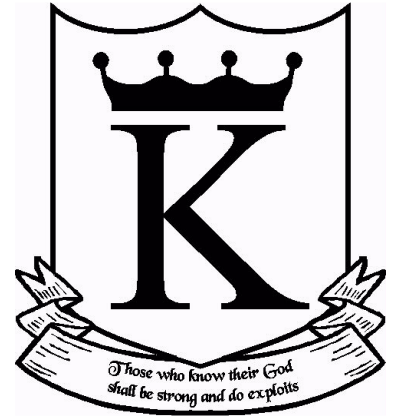


The King's School

To: The School Secretary
The King's School
Collygate Road
The Meadows
Nottingham
NG2 2EJ



APPLICATION FORM

Details of Child

*Highlight name used

Child's FULL NAME _____

Date of Birth _____

Age at Entry _____

Proposed Entry Date _____

For Office use only *Class* _____

Details of Family

Parents' SURNAME _____

One-Parent Family?

Father's First Name _____

Mother's First Name _____

HOME ADDRESS _____

Postcode _____

Home Phone _____

Telephone Contacts

Work (Father) _____

Work (Mother) _____

Emergency _____

Mobile/e-mail _____

Brothers and Sisters

No. of Brothers _____

No. of Sisters _____

Other Children at
School _____

Other Details (No contact will be made without permission)

Current School _____

Contact Details _____

Relevant Health
Details/Concerns _____

Family Doctor _____

Address _____

Surgery Phone _____

Church Attendance Church member/Regular/Occasional/No Church attended¹*Delete as appropriate

Church Attended _____

Name of Minister _____

Address/Phone _____

Please return this form, **together with a cheque for £25***, a nominal charge that covers the cost of processing your application. *The £25 charge covers an application for one or more children made at the same time.

Please note that completion of this form does not obligate you or the School. Thank you.