

# 11+ Entrance Examinations and Scholarships Form for 2012 Entry

Please supply a passport size photograph of the candidate and attach it to this form. Please ensure this form is returned with the Registration Form.

Pupil's Surname \_\_\_\_\_ Gender \_\_\_\_\_

Pupil's Full Forename(s) (Please underline name normally used) \_\_\_\_\_

Religion \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year of Entry \_\_\_\_\_ Day/Boarding \_\_\_\_\_

## Scholarships

If my son/daughter shows potential and performs well in the 11+ CE I would like them to be entered for the Academic Scholarship (please note this is by invitation only)

I would also like my child to be entered for the following non-academic awards (please tick one or more)

Art Scholarship

Music Scholarship

Design and Technology Scholarship

Sport Scholarship

Musicians, please state: 1st Instrument \_\_\_\_\_ Grade and Mark attained \_\_\_\_\_

2nd Instrument \_\_\_\_\_ Grade and Mark attained \_\_\_\_\_

Other Musical Achievements & Interests \_\_\_\_\_

Music Reference Attached

Sport candidates, please state: Representative level in your sports as follows:

	Name of Sport	National	Area/County	School	Club
Main Sport	_____	_____	_____	_____	_____
Secondary Sport	_____	_____	_____	_____	_____

Other Sporting Achievements & Interests \_\_\_\_\_

Sports Reference Attached

Please state if there is anything else to be taken into consideration \_\_\_\_\_

## Entrance

Has your child learnt: French  Yes  No For how long \_\_\_\_\_

Has your child learnt: Latin  Yes  No For how long \_\_\_\_\_

Please state, in order of preference, the names of schools to which your son/daughter will also be applying for entrance

1. \_\_\_\_\_ 2. \_\_\_\_\_

## General health

Please indicate if your son/daughter has any medical condition of which we need to be aware

Allergy	<input type="checkbox"/>	Give details _____					
Epipen Carrier	<input type="checkbox"/>	Hayfever	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Insulin dependent	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Inhaler carrier	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Hearing aid user	<input type="checkbox"/>
Sight	<input type="checkbox"/>	Glasses/contact lens wearer	<input type="checkbox"/>				
Other	<input type="checkbox"/>	_____					

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## Declaration by parents or guardians (Both parents must sign this form)

We accept the terms and conditions for registration and admission, a copy of which is available on request.  
Unless specifically agreed otherwise, a reference will be requested from your child's current school.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_