# Dance Award

Surname of candidate	ourname or currenduce

First names

Date of birth

dd/mm/yyyy

Name and address of present school

Entry Year Year 9 New

Year 12

Continuation

(Sixth Form Only)

Increase (Sixth Form Only)

Have you applied for scholarships elsewhere and if yes, what is your order of preference?

#### Signature of Head

F

Name of teacher best qualified to comment on the candidate's dramatic ability and experience

His/her address if different from school

## Registration

If the candidate has not already been registered for King's Ely, please return the registration form and £100 registration fee with this application.

#### **Closing dates for applications**

Please refer to the website - admissions/scholarships

# Please return this form to:

Admissions King's Ely Cambridgeshire CB7 4EW

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## I wish to enter my son/daughter/ward for a Dance Award at King's Ely.

Name of parent or guardian	Daytime telephone
Address	Home telephone
	Signature of parent or guardian
Email	
	Date