Art Award

Surname of candidate	Entry Year	KINIC
	Year 9 New	FI
First names	Continuation	
	Year 12 (Sixth Form Only)	
Date of birth	Increase (Sixth Form Only)	
dd/mm/yyyy		
Name and address of present school	Have you applied for scholarships elsewhere and if yes, what is your order of preference?	
Signature of Head	Registration	
	If the candidate has not already been regist	tered for
Name of teacher best qualified to comment on	King's Ely, please return the registration f	
the candidate's artistic ability and experience	£100 registration fee with this application	
	Closing dates for applications	
His/her address if different from school	Please refer to the website – admissions/scholarships	
		1
	Please return this form to: Head of Admissions	
	King's Ely	
	Cambridgeshire	
	CB7 4EW	
I wish to enter my son/daughter/ward for ar	Art Exhibition at King's Ely.	
Name of parent or guardian	Daytime telephone	
Address	Home telephone	
	Signature of parent or guardian	
Email		
	Date	