

# Drama Award



Surname of candidate

First names

Date of birth

Name and address of present school

Signature of Head

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

His/her address if different from 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?

## 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:

Head of Admissions  
King's Ely  
Cambridgeshire  
CB7 4EW

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

Name of parent or guardian

Daytime telephone

Address

Home telephone

Signature of parent or guardian

Email