KILGRASTON SCHOOL

Application Form

Please complete the form using block capitals. Thank you

Child's Details

Family Name/Surname:					
Daughter's First and Middle Names:					
Name by which she wishes to be known:					
Date of Birth:	Nationality:				
Religion:	Ethnicity:				
Proposed Entry Date:	Proposed Year Group:				
Type of Place: tick as appropriate Boarding	Day Day				
Parents'/Guardians' Details					
Title:	Title:				
Surname:	Surname:				
Forename:	Forename:				
Occupation:	Occupation:				
Address:	Address:				
Telephone Home:	Telephone Home:				
Telephone Work:	Telephone Work:				
Mobile:	Mobile:				
Email:	Email:				
Skype address:					

Where an Agent is appointed please give the following details:				
Name of Agency:				
Email:				
Telephone:				
Please state the name and address of your child's pr	resent school:			
Current School:	Name of Head:			
Starting date at current school:				
Address:	Telephone:			
	Email:			
Please outline any of your child's artistic, dramatic, musical or sporting skills:				
Please outline any of your child's other hobbies or in	terests:			
Please inform us in a covering letter if:				
 your daughter has any ailment or disability, which requires alternative access to school buildings and/or makes participation in the games and sporting curriculum of the school inadvisable 				
 there is any history of serious illness, physical disability, allergy or any general health problems 				
 your daughter has any learning difficulties or speci 	al educational needs			
Please include copies of any doctor's, education psy on the special circumstance(s) with this form.	chologist's or other professional's report			
Please say how you heard about Kilgraston:				
Any existing or previous connections with Kilgraston?				

DECLARATION

I/We request that the above-named child apply to be a prospective pupil. A cheque for the non-refundable application fee of £100 made payable to Kilgraston School is enclosed.

I/We understand that:

- 1. our daughter's application as a prospective pupil does not secure her place at Kilgraston but does ensure that she will be considered for selection as a pupil.
- 2. I/we authorise our daughter's current school to disclose to Kilgraston such information on the pupil as may be requested e.g. academic reports and pupil profile and confirm to Kilgraston whether all fees in respect of the pupil have been paid to that current school.
- 3. I/we consent to Kilgraston processing personal data about our child e.g. medical details, for the purpose of administering its list of prospective pupils and admission procedures.
- 4. in the event that our child is offered a place at Kilgraston, this offer will be subject to Kilgraston's terms and conditions.
- 5. accept that this application is subject to Kilgraston's Admissions policy current as at the date of the receipt of this application, as such policy is from time to time revised or amended.

1.	Signature			Date			
Na	ıme in Full						
Re	elationship to	o the child					
2.	Signature			Date			
Name in Full							
Relationship to the child							
Who does the child live with?							
Please circle the family circumstances as appropriate below:							
Ma	arried	Single	Divorced/Separated	Widowed	Guardian		
Other (please give details)							
Please indicate who is responsible for payment of fees							
Please return the completed form together with the application fee to:							
Admissions Kilgraston School							

Bridge of Earn Perth PH2 9BQ

Or send by email to: admissions@kilgraston.com