



Guildford Grammar School

FOUNDED 1896

REGISTRATION FORM YEAR 8, 2009 SCHOLARSHIP EXAMINATION

Candidate's Name in Full _____

Date of Birth _____

Name of Parent/s or Guardian/s _____

Address _____

_____ Email _____

Telephone No. (Home) _____ (Work) _____ (Mobile) _____

Candidate's Present School _____

Testimonial to be sent in from: _____

I, _____ (Parent or Guardian) agree that if the above named is successful in obtaining a Scholarship at Guildford Grammar School, and I agree to accept this scholarship offer, he will enter the School at the beginning of the Term 1, commencing February, 2009.

Signature of Parent or Guardian

Date

In addition to the **COUNCIL SCHOLARSHIP EXAMINATION**, I wish to nominate my son for:-

PLEASE TICK APPROPRIATE BOX(ES)

D'ARCY SLATER SCHOLARSHIP (Portfolio required)

MUSIC OPEN SCHOLARSHIP

MUSIC INSTRUMENTAL SCHOLARSHIP

CHORAL SCHOLARSHIP

CALDER CROWTHER SCHOLARSHIP

THE HARRY CAMPBELL POPE SCHOLARSHIP

OFFICE USE ONLY

Birth Certificate sighted: *Number*.....

Place of Birth *Date sighted*