



APPLICATION FOR ADMISSION TO LOWER AND UPPER SCHOOL

Please complete and return one of these application forms along with the non-returnable registration fee of **£35** per child and a copy of your child's school report to The Admissions Office, Albyn School, 17-23 Queen's Road, Aberdeen, AB15 4PB.

If you would you like to donate your registration fee to the Albyn Foundation which provides equipment and fees assistance for the school, please make your cheque payable to the Albyn Foundation otherwise to Albyn School.

Tel: 01224 322408 | Fax: 01224 209173 | Email: admissions@albyschool.co.uk | Web: www.albyschool.co.uk

Office Use Only	Stage Applied For	Year of Entry	Term of Entry	Date Received	Registration Fee	School Report	Financial	Database
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Section One – Pupil's Personal Details

Surname:	First Name(s): <small>(Please underline preferred name)</small>
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Date of Birth:	Please tick	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Language(s) Spoken: <small>(Please underline 1st language)</small>

Sisters/Brothers:

Name:	M/F:	Date of Birth:	Present School:

Please state any family connections with Albyn:

Section Two – Details of Parents/Guardians

Father/Guardian Mr/Dr/Prof/Rev <small>(Please DELETE as appropriate)</small>		Mother/Guardian Mrs/Miss/Ms/Dr/Prof/Rev <small>(Please DELETE as appropriate)</small>	
First Name:		First Name:	
Surname:		Surname:	
Home Tel:		Home Tel:	
Business Tel:		Business Tel:	
Mobile:		Mobile:	
Email:		Email:	

Address(es) for correspondence:	Address(es) for correspondence:
Postcode:	Postcode:

To whom should further correspondence be sent? (Please circle)

Father/Guardian

Mother/Guardian

