



## APPLICATION FOR ADMISSION TO LOWER AND UPPER SCHOOL

Please complete one of these Application Forms for each child and return to The Admissions Office, Albyn School, 17-23 Queen's Road, Aberdeen AB15 4PB, along with the non-returnable registration fee of £25 per child

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)

*Please underline preferred name*

Date of Birth

Please tick:

Girl

Boy

Language(s) spoken

*(Please underline 1st language)*

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

*\*Please DELETE as appropriate*

**MOTHER / GUARDIAN**

Mrs/Miss/Ms/Dr/Prof/Rev

*\*Please DELETE as appropriate*

First Name:	
Surname:	
Home Tel:	
Business Tel:	
Mobile:	
Email:	

First Name:	
Surname:	
Home Tel:	
Business Tel:	
Mobile:	
Email:	

Address(es) for correspondence:

Address(es) for correspondence:

Postcode

Postcode

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

FATHER/GUARDIAN

MOTHER/GUARDIAN

