



Albyn Lower and Upper School Application Form

Please complete (in **BLOCK CAPITALS**) and return one of these application forms along with the **non-returnable registration fee of £40 per child** to The Admissions Office, Albyn School, 17-23 Queen's Road, Aberdeen, AB15 4PB.

All cheques should be made payable to the Albyn Foundation which provides equipment and fees assistance for the school.

Tel: 01224 322408 / 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	Database
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Curriculum: **Albyn Curriculum** **French Hybrid Curriculum**

Pupil's Personal Details

Please include a copy of your child's passport page to confirm details.

Surname:	First Name(s): (Please underline preferred name)
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Date of Birth:	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Not Declared <input type="checkbox"/>
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Language(s) Spoken: (Please underline 1st language)
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Are you applying from outside the UK: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you interested in Boarding: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Sisters/Brothers:

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

Please state any family connections with Albyn:

Details of Parents/Guardians

Parent/Guardian 1	Parent/Guardian 2
Relationship to child:	Relationship to child:
Title:	Title:
First Name:	First Name:
Surname:	Surname:
Home Tel:	Home Tel:
Business Tel:	Business Tel:
Mobile:	Mobile:
Email for correspondence:	Email for correspondence:

Address(es):	Address(es):
Postcode:	Postcode:

To whom should further correspondence be sent?

Parent/Guardian 1 Parent/Guardian 2



Albyn School

Employment Information

Parent/Guardian 1		Parent/Guardian 2	
Occupation:		Occupation:	
Company:		Company:	
Address:		Address:	
Postcode:		Postcode:	

Please tick if your employer will be paying for the school fees <input type="checkbox"/>	Please tick if your employer will be paying for the school fees <input type="checkbox"/>
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P1 - S6 Entry Details

Proposed Year Group: (e.g. Primary 5/Secondary 3)	Proposed Date of Entry (month and year): (e.g. August 2019)
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Pupil's Present School and Education Details

Please include a copy of your child's most recent school report to support your application.

Pupil's Present School:
Pupil's Present Year Group: (e.g. P4 or S3)

Name of Headteacher

Title:	First Name:	Surname:
Telephone No:	Email:	Postcode:

Address:

Do we have permission to contact your child's current or most recent school? Yes <input type="checkbox"/> No <input type="checkbox"/>

Any Other Relevant Information (Such as health matters, specific learning difficulties, particular talents or aptitudes)

Does your child need any additional support or special requirements to participate in the Albyn School admissions process? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick) Please provide any further details in the space below.

How did you hear about the School?

How did you hear about the School?

Signature(s) (Where possible both parents/guardians should sign)

I am happy for Albyn School to hold on to my data following the School's data protection policy (this can be sent on request). Information will not be given to any third parties and unsuccessful applications will be destroyed within 6 months of receipt. (Please tick).

Parent/Guardian 1:	Fee included: (Please tick)
Parent/Guardian 2:	School report included: (Please tick)
Date:	Copy of Passport included: (Please tick)