



CANDIDATE	DETAILS							
Name:							(please under	line name used)
Address:								
			Po	ost Code:				
Telephone:				Email:				
PRESENT SCH	IOOL DET	AILS						
School Name:								
Head's Name:								
Address:								
		Post Code:						
Telephone:	phone: Email:							
MUSICAL INF	ORMATIO	V						
Instrument Voice Theory		Exam grade Mark Date		Number of years	ken Appi	Approximate grade if no exam taken		
Will the candidate of	fer singing?							
TO BE COMPLETED I	F THE CANDI	DATE IS SITTING FO	OR OTHER MU	JSIC SCHOLARSHII	PS.			
State the order of pr	eference as be	etween this and the	other school	(s):				
1st choice:		2nd choic	ce:		3rd	choice:		
FEE ASSISTAN								
St Edward's School is					_			cation.
Any pupil applying to 3 a Bursary – which can			Scholarship C	or not, is eligible to a	apply for n	neans-tested	iee support –	
Applications for Bursa	ries should be	made by 1st Octobe	r in the year p	preceding entry. Co	ntact the A	Admissions T	eam for more i	nformation.
Parent's or Guardian	's name:							
Parent's or Guardian	's signature:				Date:			

This form should be sent by the published closing date with a Music Report (an assessment of the candidate's musical ability and experience) to: The Registrar, St Edward's School, Oxford OX2 7NN