



CANDIDA	ATE DETAILS					
Name:					(please underline name used	
Address:						
		F	Post Code:			
Telephone:			Email:			
CURREN	T SCHOOL DE	TAILS				
School Name:						
Head's Name:						
Address:						
		Post Code:				
Telephone:			Email:			
	INFORMATIC					
Instrument Voice Theory		Exam grade Mark Date	Number of years lessons taken		Approximate grade if no exam taker	
	Г					
Will the candida	ate offer singing?					
TO BE COMPLE	TED IF THE CAND	DIDATE IS SITTING FOR OTHER M	IUSIC SCHOLARSHII	PS.		
State the order	of preference as b	petween this and the other school	ol(s):			
1st choice:		2nd choice:		3rd choi	ce:	
FEE ASSIS						
		helping as many young people as				
		whether applying for a Scholarship as 100% of the fees.	or not, is eligible to a	apply for means	s-tested fee support –	
		of total financial support that will er				
		e made by 1st September in the ye registrar@stedwardsoxford.org = 1			school. Contact the Admissions	
realition more	miormation. Email.	registrar @stedwardsoxiord.org	110110. 01003 31720			
Parent's or Gua	ardian's name:					
Parent's or Gua	ardian's signature:			Date:		
This form shoul	ld be sent by the p	oublished closing date with a Musi	ic Report (an assess	ment of the ca	andidate's musical ability	

and experience) to: The Registrar, St Edward's School, Oxford OX2 7NN