



OAKHILL SCHOLARSHIP APPLICATION FORM

CANDIDATE

SURNAME: _____ MALE/ FEMALE: _____

FIRST NAMES: _____

PREFERRED NAME: _____ DATE OF BIRTH: _____

PRESENT SCHOOL: _____ HOME LANGUAGE: _____

This application should be accompanied by a letter from the **student** and include a copy of the latest report also detailing any sport and cultural activities.

PARENT/ GUARDIAN

SURNAME: _____ FIRST NAME: _____

RELATIONSHIP TO CANDIDATE: _____

PHYSICAL ADDRESS: _____

EMAIL: _____

TELEPHONE: H () _____ W () _____

CELL MOTHER: _____ CELL FATHER: _____

OCCUPATION: FATHER: _____

MOTHER: _____

I hereby apply for my child, the above Candidate, who is presently in Grade 7, to participate in the Oakhill Scholarship Examinations. I understand that acceptance of this application will be by invitation of the Oakhill Head of School.

PRINT NAME: _____ SIGN: _____ DATE: _____

Closing date for applications is Wednesday, 27 February 2019.