



Rastrick Independent School

Application for Scholarship

Please complete in **BLOCK CAPITALS** and return together with the examination fee.

Pupil details

First Name	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		
Date of Birth	<input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/>		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Telephone	<input type="text"/>	Postcode	<input type="text"/>

Present school

School	<input type="text"/>	Address	<input type="text"/>
Year Group	<input type="text"/>		
Telephone	<input type="text"/>		
Date of entry	<input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/>	Postcode	<input type="text"/>

Parent/carer details

Name	<input type="text"/>		
Signed	<input type="text"/>	Date	<input type="text"/>

Please return this form for the attention of Ms Brown to the address below together with the examination fee.

Rastrick Independent School

Ogden Lane, Rastrick, Brighouse, West Yorkshire, HD6 3HF
Telephone: 01484 400344 Fax: 01484 718318 Email: info@rastrick-independent.co.uk
www.rastrick-independent.co.uk