



THE ARCHBISHOP'S SCHOOL
St Stephen's Hill
Canterbury
Kent CT2 7AP

2017

APPLICATION FOR ADMISSION

YEAR 17/18

STUDENT

Full Name.....FEMALE/MALE

Date of Birth.....

School Currently/Previously Attended

.....

PARENTS

Full Names.....

Address.....

.....

..... Post Code

Tel. No.....Email:

I/We would like to apply for a place at the school for my/our son/daughter as above.

Signature of Parent/Guardian

Signature of Student

Please return this form to the school **as soon as possible. F.A.O. Mr. A. Martin**