

SIBLINGS

NAME	AGE	NAME OF INSTITUTION (where applicable)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

GENERAL INFORMATION

Name of any other son, relative or friends who have had some relation with **Strathmore School** (e.g. past student, teacher, etc.)

NAME	CATEGORY (e.g. Teacher/Student)	YEARS (When they were in Strathmore. If brother is in Strathmore write current class)	RELATION TO THE APPLICANT (e.g. Grandfather, brother)
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

Reasons for applying to Strathmore

OFFICIAL USE ONLY

R		I		IB	IP
W		R			
MT		A			
T					