**APPLICATION ENTRY FORM (Complete in Block Capitals)**

**Date of Application:**

**mm/dd/yyyy**

**Child’s Information**Surname:

Christian: Middle:

Gender: Male: Female:

Date of Birth:

Parish of Birth:

Home Address:

Telephone Number:

Has the child attended school before?

Yes:  No: 

Last School attended:

The child attended for: Yrs: Mths:

No. of Brothers: No. of Sisters:

Names of Brothers and Sisters or other relatives at this school:

1)

2)

3)

**Mother’s Information:**

Surname: Christian:

Occupation:

Marital Status: : Married  Divorced  Widowed  Single 

Home Address:

Tel. Num: Home Cell:

Place of Work:

Address:

Work#

Religion:

Name of Church:

TRN #: Email:

**Father’s Information:**

Surname: Christian

Occupation:

Marital Status: : Married  Divorced  Widowed  Single 

Home Address:

Tel. Num: Home Cell

Place of Work:

Address:

Religion Work#

Name of Church:

TRN #: Email:

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**Guardian’s Information:**

Surname: Christian:

Occupation:

Marital Status: : Married  Divorced  Widowed  Single 

Home Address:

Tel. Num: Home Cell:

Place of Work:

Address:

Work#

Religion:

Name of Church:

TRN #: Email:

Person to contact in case of emergency:

If Parent or Guardian cannot be reached

Name: Tel:

Address:

**Child’s Health Information:**

Tick which of the following conditions the child suffers from:

Eye:  Ear:  Heart: Epilepsy 

Nervous Stomach:  Asthma: Migraine:

Headache Allergies  Sickle Cell: 

Others:

Mentally or Physically Challenged? Yes:No:

Explain:

**NOTE: This form must be accompanied by the following:**

* **Child’s original Birth Certificate**
* **Immunization card**
* **Two Passport size photos**
* **Non-refundable registration fee of $1000**

**Recommended by:**

Name of Parent:

Name of child:

**I the undersigned do declare that the information given in this application is correct to the best of my knowledge and belief.**

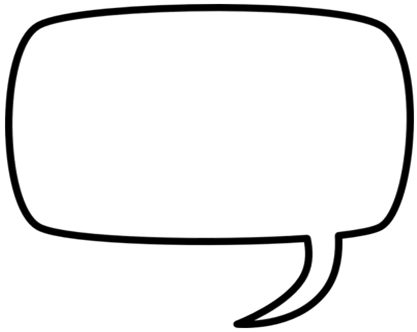
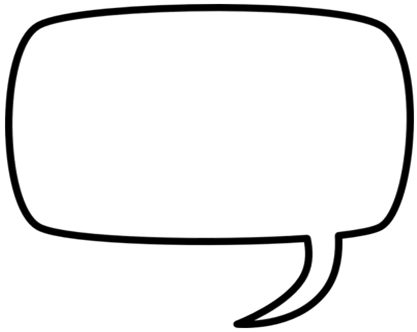
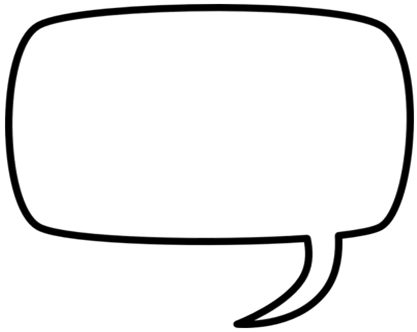
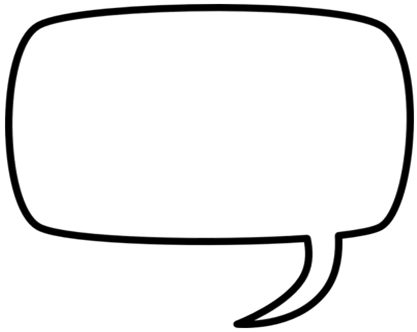
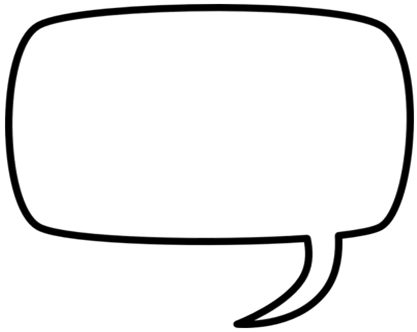
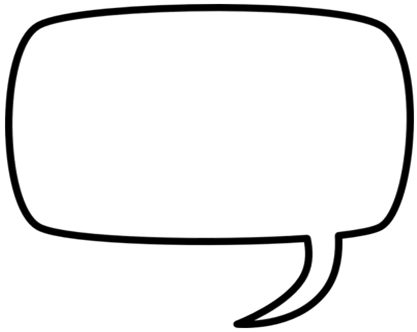
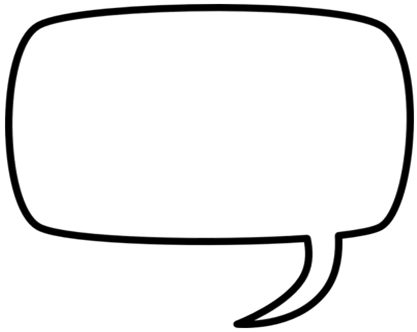
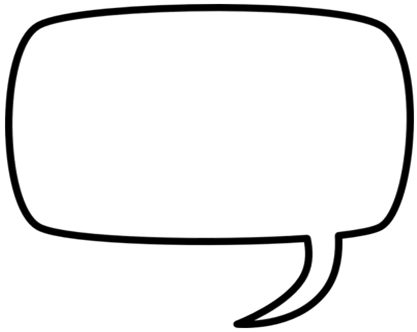
Name:

Signature**:**

**Last Updated April 1, 2013**

**15 Dunrobin Avenue, Kingston 10**

**Comittment to pay school fees**

**If child is being removed from the school, one terms notice to be** **give****n**

Tick which of the following conditions the child suffers from:

Eye:  Ear:  Heart: Epilepsy 

Nervous Stomach:  Asthma: Migraine:

Headache Allergies  Sickle Cell: 

Others:

Mentally or Physically Challenged? Yes:No:

Explain: