

16 OLD HOPE ROAD KINGSTON 5, JAMAICA, W.I.

Date		20			
APPLICATION IS HEREBY	/ MADE FOR	THE ADMISSION OF:			
Curnomo	Chri	stian name	Middle	nomo	
Surname				e name	
Date-of-birth:					1
Place of birth:					
Home Address:					
Number of Brothers:		Number of Sis	ters:		
Names of younger/older bro					
rvames or youngerrolder bit	JIII013, SISI013	or relatives in this som	JOI.		
Religion of Pupil:					
(If Catholic: State whether to	by Conformation	on or Baptism)			
School He or She last atte	ended:				
Address of School:					
Reason_for leaving:					
		ŀ	IEALTH		
Does he or she HEAR well:	?		Does he or she SEE	well?	
Has he or she been a victin	n of polio?		Heart disease?		
Are there any signs of Meni or submit confidential let		ı, Physical Retardation	, Nervous Disorder, or Al	llergies? (If any	y of the above, please explain
Mother's Full Name:					
Occupation:				Single []	
Mother's Home Address					
Homett:					

Email Address:	
Mother's Work Place	
Add 655.	
Father's Full Name:	
Occupation: Father's Marital Status: Married []	
Father's Home Address:	
Home#:cell#	: office:extn:
Email Address:	
Father's Work Place	
	IF CHILD LIVES WITH GUARDIAN
Guardian's Full Name	
Occupation:	
•	
Guardian's Marital Status: Married	
Guardian's home Address:	4.48
Guardian's Work Place:	
Address:	
Home:	_cell:office:
Relation to Child:	
NOTE 4 The existence Divide Countif	issts. Immunication sand. TMO passaget size photographs and \$1000.00 for registration for
•	icate, Immunization card, TWO passport size photographs and \$1000.00 for registration fee
must accompany this form	
NOTE 2 - School Fees are payable	in Advance.
	TO THE PRINCIPAL
l,	hereby make application for the Admission of
Mv daughter/son/ward to Alvernia Pre	eparatory School and I agree to adhere to all rules and regulations laid down by the school and to
participate in and support its activities	
I further agree to give one term's ne	otice in writing when my child is leaving the school, or I will pay one term's fee in lieu of
notice.	
Signature of Parent	Date:
orginatare of t aront.	
	FOR OFFICE USE ONLY
DATE OF ACCEPTANCE:	Age: Class:
DOCUMENTS PRESENTED:	Birth Certificates []
	Immunization []
	Medical Report [] School Report []
	Two (2) passport pictures []
	Registration Fee []