

STS. PETER AND PAUL PREPARATORY SCHOOL

120 OLD HOPE ROAD

KINGSTON 6

PHONE: 876-927-9900/978-0078

info@stspeterandpaulprepja.com



APPLICATION FORM

FIRST NAME _____ MIDDLE _____ SURNAME _____
Date of Birth: _____ Place of Birth _____ Sex: M [] F []
(M/ DD/YEAR)

Home Address: _____

Child's Denomination: _____ Church Community: _____

References:

1. _____ Tel. (H) _____ Cell _____
2. _____ Tel. (H) _____ Cell _____

Names of Brothers/Sisters in this school 1. _____ Grade: _____
2. _____ Grade: _____
3. _____ Grade: _____

MOTHER'S FULL NAME:

Marital Status: Married [] Divorced [] Engaged [] Widow [] Single []

Home Address: _____
(If different from above)

Tel :(H) _____ Cell(s): _____

Work Place: _____ Tel: _____ Ext _____
Occupation: _____ Email Address: _____

FATHER'S FULL NAME:

Marital Status: Married [] Divorced [] Engaged [] Widow [] Single []

Home Address: _____
(If different from above)

Tel :(H) _____ Cell(s): _____

Work Place: _____ Tel: _____ Ext _____
Occupation: _____ Email address: _____

FOR OFFICE USE ONLY

PROPOSED YEAR OF ENTRY: _____ GRADE: _____

RECEIVED BY: _____ DATE: _____

DOCUMENTS PRESENTED: [] Birth Certificate [] Baptismal Certificate
[] Immunization Card [] 2 Recent Passport Size Pictures

Amount paid: \$ _____
Receipt #: _____
Stamp: _____

GUARDIAN'S FULL NAME:

Relationship to child: _____
Marital Status: Married [] Divorced [] Engaged [] Widow [] Single []
Home Address: _____
Tel: _____ Cell(s): _____
Occupation: _____
Work Place: _____ Tel: _____ Ext: _____

HEALTH

Does your child have any exceptionalities (special needs)? Yes [] No []. If yes please state:

Has your child ever been assessed for behavioural and or psychological concerns? Yes [] No []. If yes please attach the most recent copy/copies to this application.

Is your child currently being seen by a specialist/therapist or other professional? Yes [] No []. If yes please provide contact information below.

Tel: _____ Ext: _____ Email _____

N.B. Please be advised that the lack of complete disclosure /documentation may result in deregistration with immediate effect.

SCHOOL HISTORY

Previous school he/she attended:
Address of the school.

Duration of time _____ Last Grade completed: _____
State reason for leaving the present school.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I _____ hereby make an application for the admission of _____ my daughter /son /ward to Sts. Peter & Paul Preparatory School. If I am successful in obtaining a place in the school, I agree to adhere to all rules and regulations laid down by the school with respect to me and my child/ward. I also agree to participate and support the school's activities. I further agree to give **ONE TERM/S NOTICE IN WRITING** should it become necessary for my child to leave before complete her/his duration of studies, or I will pay one term/s fee in lieu of this notice. **I also understand that acceptance of this form does not guarantee me a place or admission to Sts. Peter & Paul Preparatory School.**

Name of parent/applicant:

Signature: _____