

# ST. THERESA PREPARATORY SCHOOL

61 1/2 Deanery Road, Kingston 3  
Email: sttheresaprep61@yahoo.com

Phone 876 928 2643

Fax 876 930 1850

## APPLICATION FORM (Please use block capital)

### STUDENT DETAILS

Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Address	
_____	_____	
Birth Entry #	_____	
_____	_____	
Religion	_____	_____
_____	_____	_____
Sex	Nationality	_____
_____	_____	_____

### MOTHER

Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRN	Address	
_____	_____	
Cell	_____	
_____	_____	
Home	_____	
_____	_____	
Work	Email	_____
_____	_____	_____
Occupation	Employer	Religion _____
_____	_____	_____

### FATHER

Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRN	Address	
_____	_____	
Cell	_____	
_____	_____	
Home	_____	
_____	_____	
Work	Email	_____
_____	_____	_____
Occupation	Employer	Religion _____
_____	_____	_____

Name	Address	
_____	_____	
Guardian (if applicable)	Relationship	_____
_____	_____	_____
Home	_____	
_____	_____	
Cell	Email	_____
_____	_____	_____
Work	_____	
_____	_____	
Occupation	Employer	_____
_____	_____	_____

### Other Emergency Contact

Name	_____	Name	_____
Home	_____	Home	_____
_____	_____	_____	_____
Cell	_____	Cell	_____
_____	_____	_____	_____
Work	_____	Work	_____
_____	_____	_____	_____
Relationship	_____	Relationship	_____
_____	_____	_____	_____

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Name(s) of Sisters /Brothers attending school here: \_\_\_\_\_  
Has the child attended any other school/nursery? \_\_\_\_\_  
If yes, state name of school/nursery attended? \_\_\_\_\_  
Will you allow us to post your child's picture on our Social Media Platforms Yes  No   
How did you hear about us? Internet  Relative  Friend  Gleaner  Observer  Flyer

## MEDICAL INFORMATION

Doctor  Allergies \_\_\_\_\_  
Address \_\_\_\_\_  
Other Medical Condition \_\_\_\_\_  
Phone \_\_\_\_\_  
Medication \_\_\_\_\_  
Comments \_\_\_\_\_

Fees must be paid and voucher presented **before the beginning or on the first day of each Term**. Your child/ward will not be accepted in class without payment voucher. Payments by Debit or Credit Card may be made in the General Office at the School. Fees are used to provide quality education for your child.

I pledge to cooperate in all areas of my child's school life, and to support the activities of the school. A Term's notice in writing must be given, or a Term's fee paid for the withdrawal of a pupil.

To the best of my knowledge and belief the information given is correct and forms my contract with the Board of Governors of the School. I agree to abide in all respects with its Bye laws and Regulations.

Parents/Guardian 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Signatures \_\_\_\_\_  
Date \_\_\_\_\_

### For Office Use Only

Date of Interview \_\_\_\_\_ Birth Certificate \_\_\_\_\_  
Mother Interviewed \_\_\_\_\_ Immunization record \_\_\_\_\_  
Father Interviewed \_\_\_\_\_ Picture \_\_\_\_\_  
Guardian Interviewed \_\_\_\_\_ Registration Fee \_\_\_\_\_  
Recomended by \_\_\_\_\_