

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 _____	Religion _____
Occupation _____	Employer _____	_____

FATHER

Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
TRN _____	Address _____	
Cell _____	_____	
Home _____	_____	
Work _____	Email _____	Religion _____
Occupation _____	Employer _____	_____

Name _____	Address _____
Guardian (if applicable) _____	_____
Home _____	Relationship _____
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? _____
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 _____