

ST. THERESA PREPARATORY SCHOOL

Phone 876 928 2643

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

876 930 1676

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	
<input type="text"/>	<input type="text"/>	
Birth Entry #	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Religion	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Sex	Nationality	
<input type="text"/>	<input type="text"/>	

MOTHER

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

FATHER

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

GUARDIAN (other than parents)

Name	Relationship
<input type="text"/>	<input type="text"/>
Home	Address
<input type="text"/>	<input type="text"/>
Cell	Employer
<input type="text"/>	<input type="text"/>
Work	Email
<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>
<input type="text"/>	<input type="text"/>

EMERGENCY CONTACTS (other than parents)

Name	<input type="text"/>
Telephone	<input type="text"/>
<input type="text"/>	<input type="text"/>
Name	<input type="text"/>
Telephone	<input type="text"/>
<input type="text"/>	<input type="text"/>

PERSONS AUTHORIZED TO PICK UP (other than parents/emergency contacts)

Name	<input type="text"/>
Telephone	<input type="text"/>
<input type="text"/>	<input type="text"/>
Name	<input type="text"/>
Telephone	<input type="text"/>
<input type="text"/>	<input type="text"/>

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Name(s) of Sisters /Brothers attending school here: _____

Has the child attended any other school/nursery? Yes No

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

Has your child ever been recommended for assessment/counselling? Yes No

If yes, was it done? Yes No Did you receive a report? Yes No

Name of the Institution where the assessment/counselling was done: _____

Comments _____

PLEASE READ CAREFULLY

Fees must be paid and proof of payments presented **before the beginning or on the first day of each Term**. Your child/ward will not be accepted in class without an admission slip. Payments by Cash, Debit or Credit Card may be made in the General Office at the School. For payments done online or at the bank a transaction receipt or voucher must be submitted to the Bursar's Office. Fees are used to provide quality education for your child.

A Term's notice in writing must be given, or a Term's fee paid for the withdrawal of a student.

I, the undersign pledge to cooperate in all areas of my child/ward's school life, and to support the activities of the school. I will be responsible for all administrative correspondence and financial matters for my child/ward. 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 by all aspects of its Bye Laws and Regulations.

Parents/Guardians	1 _____	2 _____
Signatures	_____	_____
Date	_____	_____

For Office Use Only

Date of Interview	_____	Birth Certificate	_____
Mother Interviewed	_____	Immunization record	_____
Father Interviewed	_____	Picture	_____
Guardian Interviewed	_____	Registration Fee	_____
		Assessment Report	_____
Recommended by	_____		