**REGISTRATION #**

**77 HALF WAY TREE ROAD, KINGSTON 10**

*Tel. (876) 906-0003, 906-0041,906-0042,*

*Fax: (876) 906-3814*

*Website:* [*www.qualityacademics.com*](http://www.qualityacademics.com)

*Email: info@ qualityacademics.com*



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| --- |
| **PROSPECTIVE GRADE:** |
| *please tick appropriate box* |
|  |
| **2ND Form** |  |
|  |
| **3RD Form** |  |
|  |
| **4TH Form** |  |
|  |
| **5th Form** |  |
|  |
| **Other \_\_\_\_\_\_\_\_\_\_** |  |
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**PLEASE COMPLETE IN BLOCK CAPITALS**

*In order for us to serve you better, please complete each section accurately*

*so that the correct information will be placed on your records*

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**1**. **STUDENT DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *First Name* |  | ***Middle Name*** |  | ***Last Name*** |

**GENDER** *(Please tick)* **DATE OF BIRTH:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Male |  | Female |  |  |  |  |  |  |  |  |  |  |  |  | AGE |  | **HOME NO:** (876) |  |  |  | - |  |  |  |  |

 *DD MM YY*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MAILING ADDRESS:** |  |  **CELL NO:** (876) |  |  |  | - |  |  |  |  |

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| --- | --- | --- | --- |
|  |  | **NAME OF SCHOOL:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  |  |  |

# ALLERGIES &/or DISABILITIES? *Please tick (*🗸*)*

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | If yes, please specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF DOCTOR:** |  | **CELLULAR NO:** (876) |  |  |  | - |  |  |  |  |

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# 2. PARENT/GUARDIAN DETAILS:

#  TELEPHONE NO. *(cellular)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr. |  | Mrs. |  | Miss |  |  |  | **(876)** |  |  |  | - |  |  |  |  |

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# RELATIONSHIP TO STUDENT: TELEPHONE NO. (Work)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mother |  | Father |  | Sister |  | Brother |  | Other (please specify) |  | **(876)** |  |  |  | - |  |  |  |  |

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| --- | --- | --- | --- |
| **WORKPLACE:** |  | **ADDRESS:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OCCUPATION:** |   | **EMAIL ADDRESS:**  |  |

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**3.** **SUBJECT CHOICES:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **JUNIORS 2ND & 3RD FORM** |  | **SENIORS 4TH and 5TH FORM: (CSEC)** |
|  | **All subjects are Compulsory** |  | **Choose up to a maximum of 4 subjects** |
|  |  |  |  |  |  |  |  |  |
|  | English Language |  |  | Biology |  |  | Mathematics |  |
|  | Entrepreneurial Studies |  |  | Chemistry **OR** POB |  |  | Physics **OR** POA |  |
|  | Integrated Science |  |  | English Language |  |  |  |  |
|  | I.T. Fundamentals |  |  | Information Technology |  |  |  |  |
|  | Spanish |  |  |  |  |  |  |  |
|  | Visual Arts |  |  |  |  |  |  |  |

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**4.** **ACTIVITIES** *(Afternoons only):*

|  |  |  |  |  |  |  |  |  |
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| ROBOTICS |  |  SWIMMING |  | TENNIS |  |  |  GROUP TRIP |  |





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**5.** **PAYMENT SCHEDULE:** *(Please tick preference, i.e., period your child/ward will be attending)*

|  |
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|  |
| **⯁** | **ONE WEEK ONLY:**  | $8,000.00 |  |  |  |
|  |
| ⯁ | **TWO WEEKS ONLY:**  | $14,000.00 |  |  |  |
|  |
| ⯁ | **THREE-WEEK PACKAGE:**  | $18,000.00 |  |  |  |
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**6.** **TERMS OF PAYMENT:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amount being paid with this application  | **J$** |  | Cash |  | Cheque |  | Debit Card |  | Credit Card |  |

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| Payments can be made at the School Office **OR** lodgments can be made to ‘QUALITY ACADEMICS’ - NCB account # 30-1021100.  |

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**7.** **OTHER:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HOW DID YOU HEAR ABOUT QUALITY ACADEMICS? | **Friend or relative** |  | **Television** |  | **Gleaner Classified**  |  | **Instagram** |  |
|  |  |
|  | **School Website** |  | **Whatsapp** |  | **Other** |  |  |  |

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| ***Student’s Signature:***  *……………………………..………………… Date:……….………………..……20………* ***Parent/ Guardian’s Signature:*** *……………………………..………. Date:……….…………….………..20…..….* |

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