

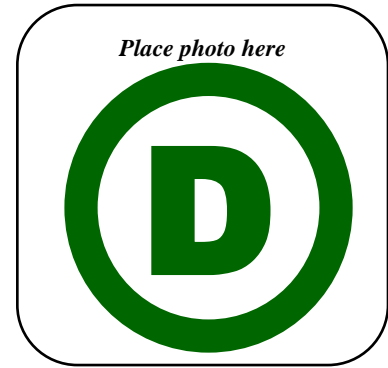
REGISTRATION FORM DAY SCHOOL GRADE 7-9



77 HALF WAY TREE ROAD, KINGSTON 10
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Learning from the past, preparing for the future

Registration #



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

1. PERSONAL DETAILS OF STUDENT:

NAME:
Surname First Name Middle Name

GENDER: (Please tick appropriate box)
 MALE FEMALE

DATE OF BIRTH:
DD MM YY

AGE:

NATIONALITY: _____

HOME or MAILING ADDRESS: _____

TELEPHONE NO. (Home)
(876) -

TELEPHONE NO. (Cellular- Digicel)
(876) -

TELEPHONE NO. (Cellular - Other)
(876) -

LAST INSTITUTION ATTENDED	YEARS ATTENDED	LAST GRADE COMPLETED
	From: <input style="width: 30px;" type="text"/> To: <input style="width: 30px;" type="text"/>	

2. G.S.A.T. SCORES ACHIEVED: Grade 7 students ONLY

Communication Task _____ Language Arts _____ Mathematics _____ Science _____ Social Studies _____

3. PERSONAL DETAILS OF PARENT/GUARDIAN (1ST)

Mr. Mrs. Miss (Please tick appropriate box)

FULL NAME: _____
Surname First, Middle

HOME/ MAILING ADDRESS: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

CONTACT NOS.: (Work) -
 (Cell) -

RELATIONSHIP TO STUDENT:
 Mother Father Other _____ specify

4. PERSONAL DETAILS OF PARENT/GUARDIAN (2ND)

Mr. Mrs. Miss (Please tick appropriate box)

FULL NAME: _____
Surname First, Middle

HOME/ MAILING ADDRESS: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

CONTACT NOS.: (Work) -
 (Cell) -

RELATIONSHIP TO STUDENT:
 Mother Father Other _____ specify

5. EMERGENCY CONTACT:

NAME: Mr. Mrs. Miss _____ CONTACT NO. (Cell) (876) -

6. MEDICAL RECORD:

Any chronic illness e.g. Asthma, Diabetes, etc; Confidential health information may be discussed with the Principal or Guidance Counselor.

ILLNESSES: (if any) _____

NAME OF DOCTOR: _____ TEL # (876) -

PLEASE COMPLETE IN BLOCK CAPITALS



7. SUBJECTS CHOICES:

Language Arts Social Studies Business Basics (**Grade 9**) Physical Education
 Mathematics Integrated Science Library Skills
 Spanish Information Technology Home & Family Life Edu.
 Resource & Technology Visual Arts

8. FINANCING: (*NB – Registration Fee is NON-REFUNDABLE)

Amount being paid with this application **J\$** _____ Cash Cheque Debit Card Credit Card

TERMS OF PAYMENT: Please select payment option: Full Payment Payment Plan

9. DOCUMENTS/ITEMS REQUIRED:

1. Registration Checklist 4. Two Letters of Recommendations 7. PEP Result
 2. One (1) passport-size picture 5. Immunization Card (Copy) 8. ID of School Fee Sponsor
 3. Birth Certificate (Copy) 6. Medical Report (completed Form)

10. OTHER:

HOW DID YOU HEAR ABOUT QUALITY ACADEMICS? Friend or relative Television Gleaner Classified Instagram
 School Website WhatsApp Other _____

DO YOU HAVE ACCESS TO WIFI? YES/NO DO YOU OWN A TABLET? YES/NO DO YOU HAVE A P/C? YES/NO

COMPLETION OF THIS FORM INDICATES THAT:

I agree with the school rules, payment policies and refund conditions as outlined by the school. Any falsification of data will disqualify the child/ward from entry. I also agree to give one month's written notice before withdrawing any child/ward from the school.

Parent's/Guardian's Signature:

Date: 20.....

13. FOR OFFICE USE ONLY

Date	Invoice #	Total (J\$)	Amount Paid (J\$)	Receipt #	Balance Due (J\$)

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Kindly email all enquiries to assistantadmna.qa@gmail.com

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