

Corner Wilson & Warner Streets, St. Augustine (Ministry of Education Registration#1273)
☎663-3370 ☎746-9117

WE REQUIRE THE FOLLOWING INFORMATION TO HELP PROCESS YOUR APPLICATION. THE SCHOOL RESERVES THE RIGHT TO VERIFY THE FOLLOWING INFORMATION. IF IT IS FOUND AT A LATER STAGE THAT YOU GAVE INCORRECT INFORMATION, THE STUDENT MAY BE EXPELLED PROMPTLY. IF ALL THE SPACES IN THIS APPLICATION FORM ARE NOT COMPLETED IT CANNOT BE PROCESSED.

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 # (STUDENT)

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(Father) _____

_____(student) _____

[illegible]dd

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 yy

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[illegible]

A. If Yes, Explain: _____

B. Emergency Medication and Physician: _____

If YES, Explain: _____

If YES, NAME: _____

If YES, Why? _____

If YES, Explain:

16. FATHER'S NAME

17. OCCUPATION/ PROFESSION

18. PLACE OF WORK: _____
NAME OF BUSINESS & LOCATION (IF self-employed)

19. WORK PHONE CONTACT:

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 EXT. _____

20. MOTHER'S NAME

21. OCCUPATION/ PROFESSION

22. PLACE OF WORK: _____
NAME OF BUSINESS & LOCATION (IF self-employed)

23. WORK PHONE CONTACT:

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 EXT. _____

24. GUARDIAN'S NAME

25. RELATION TO STUDENT: _____

26. OCCUPATION/ PROFESSION

27. PLACE OF WORK: _____
NAME OF BUSINESS & LOCATION (If self-employed)

28. WORK PHONE CONTACT:

 -

 EXT. _____

29. PARENT'S STATUS: ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ SINGLE

30. (a) WHO IS LEGALLY RESPONSIBLE FOR YOU? ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ ALL

(b) WITH WHOM DO YOU LIVE? ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ ALL

FULL NAME/S (From item 30(a))

SIGNATURE/S

31. Whom should the school authorities communicate with by way of correspondence or in person if necessary concerning the student.

☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ ALL

The school authorities will not meet with any unapproved guardian for matters pertaining to the student other than those stated above.

32. _____
PARENT'S/GUARDIAN'S SIGNATURE

DATE