DENBIGH HIGH SCHOOL

NEW STUDENT REGISTRATION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN AND RETURNED UPON THE DATE OF REGISTRATION

SCHOOL YEAR: ……. **Entry year: ……. /……/……**
DD / MM / YYYY

SECTION A: STUDENT PERSONAL DATA

SURNAME FIRST NAME MIDDLE NAME(S)

DATE OF BIRTH: …../……../…… (DD MM YYYY) **Gender:** ☐ MALE ☐ FEMALE **AGE: ……YRS**

NATIONALITY: ☐ JAMAICAN ☐ OTHER …… (PLEASE STATE)

BIRTH CERTIFICATE REGISTRATION NUMBER TRN

PERMANENT ADDRESS: …… (STREET)
…… (TOWN/DISTRICT/CAPITAL)
…… (PARISH)

CONTACT: _____-_____ (HOME#) _____-_____ (CELL#) _____ (EMAIL ADDRESS)

IMMUNIZATION STATUS: ☐ FULLY IMMUNIZED ☐ PARTIALLY IMMUNIZED ☐ NOT IMMUNIZED

LAST SCHOOL ATTENDED: ……

ADDRESS: ……
……

SECTION B: PARENT/GUARDIAN DETAILS

MOTHER: MRS/MISS. …… ……

PERMANENT ADDRESS: …… (STREET)
…… (TOWN/DISTRICT/CAPITAL)
…… (PARISH)

CONTACT: _____ (HOME#) _____ (WORK#) _____ (CELL#) _____ (EMAIL ADDRESS)

FATHER: MR. …… ……

PERMANENT ADDRESS: …… (STREET)
…… (TOWN/DISTRICT/CAPITAL)
…… (PARISH)

CONTACT : _____ (HOME#) _____ (WORK#) _____ (CELL#) _____ (EMAIL ADDRESS)

GUARDIAN: …… **RELATION:** ……

PERMANENT ADDRESS: …… (STREET)
…… (TOWN/DISTRICT/CAPITAL)
…… (PARISH)

CONTACT: _____-_____ (HOME#) _____-_____ (WORK#) _____-_____ (CELL#) _____ (EMAIL ADDRESS)

Please indicate with whom the child lives: ☐ FATHER ☐ MOTHER ☐ GUARDIAN ☐ OTHER ……

Signature of person(s) authorized: ☐ To collect reports and other documents ☐ To communicate with school ☐ For emergency contact

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____

SECTION B: TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

DOCUMENT COLLECTED AND/OR ORIGINAL SEEN

☐ MEDICAL FORM ☐ AGREEMENT FORM ☐ RECOMMENDATION LETTER ☐ TRN
☐ BIRTH CERTIFICATE ☐ IMMUNIZATION CARD ☐ DENTAL FORM ☐ PHOTOGRAPH

…… REGISTERING OFFICER …… DATE

PAYMENTS

SCHOOL SUPPORT CONTRIBUTION ☐ FULL
☐ P.A.T.H. ☐ PART

AMOUNT $ ……)