DENBIGH HIGH SCHOOL

RETURNING 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: …../…..../…… **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**

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 ☐ TRN

☐ IMMUNIZATION CARD

……. REGISTERING OFFICER …….. DATE

PAYMENTS

SCHOOL SUPPORT CONTRIBUTION ☐ FULL

☐ P.A.T.H. ☐ PART

AMOUNT $ ……..……..)