



Willowdene Group of Schools

High School, Preparatory School, Early Childhood Division

A Seventh-day Adventist Institution

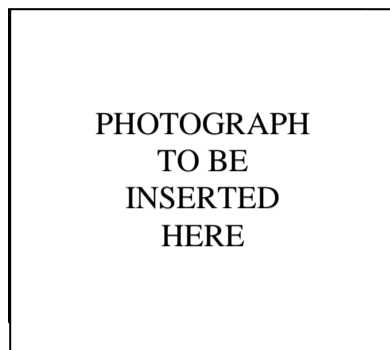
58 Brunswick Avenue, P.O. Box 505, Spanish Town, St. Catherine Ja. W.I.

Telephone: 909-8605, 984-5584, 984-7609 Fax: 907-3937

Reference #

____/____/____

APPLICATION FORM – HIGH SCHOOL



1. Name of Student: _____
(Last Name)
(Middle Name)
(First Name)
2. Male Female Date of Birth: _____ Place: _____
(Date)
(Month)
(Year)
3. Home Address: _____

4. Name of Father: _____ Cel.# _____ Home: _____
 Email Address: _____
5. Name of Mother: _____ Cel.# _____ Home: _____
 Email Address: _____
6. Name of Guardian *(if different from mother and father)* _____
 Cel.# _____ Home: _____ Email Address: _____
7. Previous school attended: _____
8. What grade or form have you completed? _____
9. What is the highest examination taken? _____
10. Have you ever been suspended or expelled from school? _____
11. If you answer "YES " to Question 10, please state reason _____
12. What church do you attend? _____
13. If it is the Seventh-day Adventist Church, which congregation? _____
14. Do you pledge to obey your teachers and be loyal to your school? _____
15. Give the name(s) of person(s) responsible for your school fees _____
16. Name (s), address & telephone number(s) of person(s) with whom you plan to live while attending school: _____
 _____ Tel. # _____ Tel.# _____

17. **TO BE SIGNED BY PARENT/GUARDIAN:** *I hereby agree to pay promptly the bills for the above named student and to support loyally, the Parent Teacher's Association by my presence at its meetings and co-operate with its activities for the success of the School. I also understand and agree that in the event my child's/ward's school fees are in excess of 10 days overdue, that my child/ward will be taken from classes until the fees are paid.*

SIGNED: _____ DATE: _____

18. **TO BE SIGNED BY STUDENT:** *I hereby agree that I will obey my teachers promptly, abide by the school rules, particularly in dress and deportment, take part in the religious, social and fund-raising activities of the school. I will also endeavour to do my assignments, study and prepare for my lessons.*

SIGNED: _____ DATE: _____

19. **TO BE SIGNED & STAMPED BY ONE OF THE FOLLOWING:-**

A. Minister of Religion:- This certifies that I, _____, *Full Name*
 Minister of Religion of the _____, *Name of Church*
 situated at _____, *Address of Church* have known
 the applicant _____, *Name of Applicant* for _____ () years,
 and believe that he/she is suitable for admission.

SIGNATURE: _____ **STAMP/SEAL** **DATE:** _____

B. First Elder:- This certifies that I, _____, *Full Name*
 First Elder of the _____, *Name of Church* situated at _____
 _____, *Address of Church* have known
 the applicant _____, *Name of Applicant* for _____ () years, and
 believe that he/she is suitable for admission.

SIGNATURE: _____ **STAMP/SEAL** **DATE:** _____

C. Justice of the Peace:- This certifies that I, _____, *Full Name*
 Justice of the Peace of _____, *Address*
 have known the applicant _____, *Name of Applicant* for
 _____ () years, and believe that he/she is suitable for admission.

SIGNATURE: _____ **STAMP/SEAL** **DATE:** _____

THE ITEMS TICKED (✓) BELOW ARE TO BE PRESENTED TO THE PRINCIPAL/ADMISSION OFFICER ALONG WITH THE COMPLETED APPLICATION FORM		Checklist to be completed by Principal/Admission Officer
1.	Completed Referral Form	
2.	Last School Report	
3.	GSAT Results (<i>applicable to Form 1 students only</i>)	
3.	2 Passport size pictures	
4.	Medical certificate from a recognised doctor – H.S. Walters Clinic	
5.	Birth Certificate	
6.	Immunization Card	
7.	Application Fee \$ _____ (<i>non-refundable</i>)	

FOR OFFICE USE ONLY

Date of Admission:	
Form/Grade placed:	
Name of House & Color:	Name of House Color
Signature of person examining form:	

