



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

Ref. #

___/___/___

APPLICATION FORM – EARLY CHILDHOOD DIVISION

PHOTOGRAPH
TO BE
INSERTED
HERE

1. Name of Student: _____

<i>Last Name</i>	<i>Middle Name</i>	<i>First Name</i>
------------------	--------------------	-------------------
2. Male Female Date of Birth: _____

<i>Date</i>	<i>Month</i>	<i>Year</i>
-------------	--------------	-------------
3. Place of Birth: _____
4. Home Address: _____

5. Name of Father: _____ Cel.# _____ Home: _____
 Email Address: _____
6. Father's Occupation: _____ Work #s _____
7. Name of Mother: _____ Cel.# _____ Home: _____
 Email Address: _____
8. Mother's Occupation: _____ Work #s _____
9. Name of Child's Siblings:-

Name _____	Age _____	Gender: _____
Name _____	Age _____	Gender _____
Name _____	Age _____	Gender _____
10. What church do you attend? _____
11. If it is the Seventh-day Adventist Church, which congregation? _____
12. What are your expectations for your child at Willowdene Group of Schools Early Childhood Division?

13. Do you pledge to obey your teachers and be loyal to your school? _____
14. Give the name(s) of person(s) responsible for your school fees _____
15. Name(s) address & telephone number(s) of person(s) with whom you plan to live while attending school.

16. Telephone # _____ Telephone # _____
16. **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: _____

17. **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: _____

18. **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 _____ have known
Address of Church
 the applicant _____ for _____ () years,
Name of Applicant
 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 _____ situated at
Name of Church
 _____ have known
Address of Church
 the applicant _____ for _____ () years, and
Name of Applicant
 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 _____ for
Name of Applicant
 _____ () 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.	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:	<i>Name of House</i> <i>Color</i>
Signature of person examining form:	