



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 – PREPARATORY SCHOOL

PHOTOGRAPH
TO BE
INSERTED
HERE

1. Name of Student: _____

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

Date	Month	Year
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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 have you completed? _____
9. Date of last attendance. _____
10. What church do you attend? _____
11. If it is the Seventh-day Adventist Church, which congregation? _____
12. Do you pledge to obey your teachers and be loyal to your school? _____
13. Give the name(s) of person(s) responsible for your school fees _____
14. Name(s), address & telephone number(s) of person(s) with whom you plan to live while attending School

 _____ Tel.# _____ Tel. # _____
15. **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: _____

16. **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: _____

17. **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.	Grade 4 Literacy Test Results with Registration # <i>(Grades 5 & 6 students only)</i>	
4.	Passport size pictures (2 for Grades 2-6 students and 3 for Grade 1 students)	
5.	Medical certificate from a recognised doctor – H.S. Walters Clinic	
6.	Birth Certificate	
7.	Immunization Card	
8.	Original ID for parent/guardian (Passport/Driver's Licence/Voter's) <i>(Grade 1 students only)</i>	
9.	Application Fee \$ _____ <i>(non-refundable)</i>	

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FOR OFFICE USE ONLY

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

