



St. Hugh's Preparatory School

1 Tom Redcam Drive, Kingston 5
Jamaica, W.I.
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Fax: (876) 754-2520
Email: sthughsprep-admin@shps.edu.jm
Website: www.sthughsprep.com

APPLICATION FORM

Please check (✓) as appropriate **Gender:** Male Female **To whom should letters be sent:** Mother Father Guardian

Student Personal Information (Please print one letter in each space)

First Name

Middle Name

Last Name

Permanent Home Address

Nationality

Date of Birth (dd-mm-yyyy)

 - -

No. of Siblings

No. of Siblings attending this school

School last attended

Grade

Name of Sibling attending this school 1

Grade

Name of Sibling attending this school 2

Grade

Health (Please check [✓] as appropriate)

Does student have hearing problems? Yes No

Does student have any vision problems? Yes

No

Has student done a professional psycho-educational assessment? Yes No

I give permission for the following to be administered to my child Children's Panadol Children's Tylenol First Aid Emergency Care

List any other health related issues pertaining to the student (i.e. asthmatic, diabetic, allergies, hearing, sight or speech difficulties, heart or kidney condition, epilepsy, convulsions or seizures, etc.)

Name, address and phone numbers of pediatrician/family doctor:

Parent/Guardian Information**Father's Full Name**

Father's Home Address

Father's Home Phone

Email Address

Father's Occupation

Father's Business Name & Address

Father's Business Telephone

Other Numbers

Father's Cell Phone

Mother's Full Name

Mother's Home Address

Mother's Home Phone

Other Numbers

Mother's Cell Phone

Mother's Occupation

Mother's Business Name & Address

Mother's Business Telephone

Other Numbers

Mother's Cell Phone

Mother's Email address

If student lives with Guardian:

Guardian's Full Name

Guardian's Home Address

Guardian's Home Phone

Email Address

Guardian's Occupation

Section 2: Construction

Guardian's Business Name & Address

Guardian's Business Name or Address

Guardian's Business Telephone

Other's Numbers

Guardian's Cell Phone

Relationship to student

Guardian's Business Telephone _____ Other's Numbers _____

TO THE PRINCIPAL:

I hereby make application for the admission of my child/ward

(Name of Child/Ward)

to St. Hugh's Preparatory School. If my application is accepted I agree hereby to adhere to all regulations of the school and give a full term's

notice, in writing, when my child is leaving the school, or I will pay a full term's in lieu of notice.

Signature of Parent/Guardian..... **Date**

*****FOR OFFICE USE ONLY*****

ITEMS PRESENTED

Birth Certificate#:

Immunization Card

Registration Fee \$.....

Recommendation from previous school

Last Report

Passport size picture

Date of Assessment:

Result of Assessment:

Age of Student:

Grade Placed:

House:

Student's ID Number: