



**LIGUANEA PREPARATORY SCHOOL**  
**15A EAST KINGS HOUSE ROAD**  
**KINGSTON 6**  
**TEL. NOS.: (876) 927-6066/978-6223**  
**E-MAIL: [liguaneaprep@cwjamaica.com](mailto:liguaneaprep@cwjamaica.com)**  
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**STUDENT'S APPLICATION FORM**

(Please print in BLOCK LETTERS)

TERM OF ENTRY: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_  
(Surname) (First) (Middle)

DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ GENDER:  MALE  FEMALE  
(Day) (Month) (Year)

NATIONALITY: \_\_\_\_\_

DOCUMENTARY EVIDENCE OF AGE: \_\_\_\_\_ NO.: \_\_\_\_\_

AGE ON ADMITTANCE: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

DATE OF ENTRY TO PREVIOUS SCHOOL: \_\_\_\_\_

CHILD LIVING WITH: MOTHER & FATHER  MOTHER  FATHER  OTHER

HOME ADDRESS: \_\_\_\_\_

SIBLING WHO NOW ATTEND OR ATTENDED THE SCHOOL: \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_ TEL.# \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ TRN: \_\_\_\_\_

ID NO.: DRIVER'S LICENSE: \_\_\_\_\_ NATIONAL ID: \_\_\_\_\_ OTHER: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ANNUAL SALARY RANGE: \$1M - \$2M  \$2.1M - \$3M  \$3M

E-MAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ TRN: \_\_\_\_\_

ID NO.: DRIVER'S LICENSE: \_\_\_\_\_ NATIONAL ID: \_\_\_\_\_ OTHER: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SALARY RANGE: \$1M - \$2M  \$2.1M - \$3M  OVER \$3M

E-MAIL ADDRESS: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_

GUARDIAN'S OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**TELEPHONE CONTACTS:** RESIDENCE: \_\_\_\_\_

FATHER: WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER: WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

GUARDIAN: WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **HOME** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**NAMES OF TWO (2) RELATIVES NOT LIVING WITH YOU:**

NAME: (1) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TEL NO(S) : WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: (2) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TEL NO(S) : WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SHOTS RECEIVED: \_\_\_\_\_ IMMUNIZATION CARD:  YES  NO

EMOTIONAL STABILITY: \_\_\_\_\_

BEHAVIOURAL CHALLENGE: \_\_\_\_\_

CHILDISH AILMENTS (CONTRACTED) \_\_\_\_\_

OTHER AILMENTS (CONTRACTED) \_\_\_\_\_

SPECIAL NEEDS EVALUATIONS:  YES  NO DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ RELIGION: \_\_\_\_\_

CORRESPONDENCE TO BE MAILED TO: \_\_\_\_\_

NAME

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I AGREE TO ABIDE BY THE RULES OF THE SCHOOL AND TO GIVE **ONE TERM'S NOTICE** OF REMOVAL OF MY CHILD/CHILDREN/WARD FROM YOUR SCHOOL OR TO PAY **ONE TERM'S FEE** IN LIEU OF NOTICE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**FATHER/MOTHER/GUARDIAN**

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

Items Presented

[ ] Birth Certificate # \_\_\_\_\_ [ ] Immunization Card [ ] Registration Fee \$ \_\_\_\_\_

[ ] Recommendation from Previous School [ ] Last Report [ ] Passport Size Pictures

[ ] Evaluation Records

Date of Interview \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Result of Assessment: \_\_\_\_\_

Grade Placed: \_\_\_\_\_ Age of Student: \_\_\_\_\_

House: \_\_\_\_\_ Student's Id \_\_\_\_\_

Term of Entry: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ - \_\_\_\_\_

Checked By: \_\_\_\_\_

Principal's Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Leaving: \_\_\_\_\_ Class on Leaving: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Principal's Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_