



# STUDENT APPLICATION FORM

Please print **ALL** information in **BLOCK CAPITAL LETTERS**  
(False information will render this application null and void)



**DATE OF APPLICATION**      **ENTRY INTO FORM**

day			mth			year					

**STUDENT NO.**

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## STUDENT DATA

**Name**

Last Name										First Name										Middle Name									

**Date of Birth**

day			mth			year				Gender		Ethnic Group									
										M F		African Chinese East Indian Syrian/Lebanese White Mixed Other/(State)									

**Nationality**

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**Address**


**Phone**

Home										Student Cell									

**E-Mail: Student**

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Previous school or SEA Placement \_\_\_\_\_ City/Town/Region \_\_\_\_\_

Religion \_\_\_\_\_ Place of Worship \_\_\_\_\_

Hobbies \_\_\_\_\_

Special skills e.g. playing an instrument \_\_\_\_\_

Positions) of responsibility held \_\_\_\_\_

Career choices \_\_\_\_\_

Membership in any club \_\_\_\_\_

Any medical conditions / allergies or special medication \_\_\_\_\_

Have you been diagnosed with any learning challenge or developmental delay:

Autism       Dyslexia       ADHD/ADD       Other

Have you been suspended or expelled from any school?      YES       NO

Have you ever had a problem that required intervention by law enforcement?      YES       NO

If YES, please state why \_\_\_\_\_

**FAMILY DATA**

	Last Name	First Name	Mr/ Dr/ Rev/ Other
Name of Father/ Male Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation

Place of Work/  
Company

Address of Work

E-Mail: Father/  
Male Guardian

Phone	Work	Cell	Marital Status	Single	Married	Divorced	Widowed	Separated	Common Law
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Last Name	First Name	Miss/ Mrs/ Dr/ Rev/ Other
Name of Mother/ Female Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation

Place of Work/  
Company

Address of Work

E-Mail: Mother/  
Female Guardian

Phone	Work	Cell	Marital Status	Single	Married	Divorced	Widowed	Separated	Common Law
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Lives With

Both Parents	Mother	Father
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Father/ Guardian \_\_\_\_\_

Ages of Brothers

Signature of Mother/ Guardian \_\_\_\_\_

Ages of Sisters

Signature of Other Authorized Person \_\_\_\_\_

Relationship of Other Authorized Person to Student \_\_\_\_\_

Telephone Contacts \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

<input type="checkbox"/> REPORTS FROM PREVIOUS SCHOOL SEEN	<input type="checkbox"/> APPLICATION FEE PAID	<input type="checkbox"/> BIRTH CERTIFICATE RECEIVED (Copy)
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<input type="checkbox"/> COPY OF CXC/GCE GRADE SLIP(S)	<input type="checkbox"/> SCHOOL RECOMMENDATION LETTER
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<input type="text"/>	DATE OF ENTRY	<input type="text"/>	DATE OF EXIT
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**NOTE: ALL INFORMATION MUST BE SUBMITTED WITH THE APPLICATION FORM**