



Mar-Jam Preparatory School

90 Main Street, Ocho Rios
SAINT ANN
Tel: 974-2384 / 7012, (Fax 795-3667)
Website: www.marjam.org Email: info@marjam.org

STUDENT REGISTRATION FORM

Date of application (very important): _____
Day Month Year

PERSONAL INFORMATION

1. CHILD'S NAME: _____
Last Name First Name Middle Name

2. SEX: M [] F [] 3. DATE OF BIRTH: _____ 4. AGE: _____
Day Month Year

5. MAILING ADDRESS: _____

6a. NAME OF MOTHER/GUARDIAN: _____

HOME ADDRESS: _____

Tele: (H) _____ (W) _____ (C) _____

6b. OCCUPATION: _____

NAME OF WORK: _____

WORK ADDRESS: _____

7a. NAME OF FATHER/GUARDIAN: _____

HOME ADDRESS: _____

Tele: (H) _____ (W) _____ (C) _____

7b. OCCUPATION: _____

NAME OF WORK: _____

WORK ADDRESS: _____

8. Contact persons in case of emergency (other than parents):

a) name: _____ tele: _____

b) name: _____ tele: _____

c) name: _____ tele: _____

SCHOOL BACKGROUND

9. Name of last school attended: _____

10. Last class attained at previous school: _____

11. Address of School: _____

HEALTH INFORMATION

12. Does your child/ward suffer from any allergies? Yes [] No []

If yes, please indicate: _____

TREATMENT: _____

13. Is your child/ward undergoing any medical treatment? Yes [] No []

If yes, please indicate: _____

TREATMENT: _____

14. Does your child/ward suffer from Epilepsy (Fits)? Yes [] No []

15. Does your child/ward suffer from Asthma? Yes [] No []

16. Does your child/ward suffer from any other medical problems? _____

Please explain: _____

17. Child's Doctor: _____

Address: _____ Tele: _____

18. Immunization Report: Fully Immunized to date: _____

If not, reason: _____

19. Religious Affiliation: _____

OTHER INFORMATION: _____

SCHOOL FEES: Fees are payable in advance at the beginning of each term and must be lodged to NCB A/c #: 582244979.

Credit/Debit Card facilities are also available at the school. Students may be excluded from school until the amount due has been paid. A term's notice in writing must be given to the Principal for the discontinuance of a pupil's attendance at school; otherwise the Parent/Guardian is liable to pay the term's fee.

The foregoing particulars are true and correct to the best of my knowledge and belief. They shall form the basis of my contract with the Board of the School. I agree to conform in all respects with its Bye Laws and Regulations as laid down from time to time.

Parent/Guardian's Signature

Date

FOR OFFICE USE ONLY:

Registration Fee: [] Recent Passport-size Picture: [] Copy of Immunization card: []

Copy of Birth Certificate: [] School Records (if applicable): [] Health Form: [] Contract: []