

Application Form

Please complete this form clearly in black or blue pen and use block capitals.

About Your Child

Legal Name (as Passport/Birth Certificate)

Surname/family name

First name(s)

Date of birth

Place of birth

Male Female

Nationality

Jamaican American English Canadian Chinese

Other

In which country do you normally live? (if not Jamaica)

Your Child's Address

Contact details/email

Home tel

Mobile

Email

Who To Contact in Case of Emergency

Relationship To Child

Name Phone number

Relationship To Child

Name Phone number

Illnesses

Allergies

In case of an emergency, I grant permission for my child to be taken to the Doctor. Yes No

I grant permission for medication to be administered to minor cuts and bruises. Yes No

Doctor's Name

Contact No.

Hospital

Nurse's Name

Contact No.

Hospital

Parents Information

Mother's Full Name

Last First Middle

Contact details/email

Home tel

Mobile

Email

Your Home Address

Work Contact

Business tel Mobile

Fax pager

Email

Your Occupation

Work Address

Father's Full Name

Last First Middle

Contact details/email

Home tel
Mobile
Email

Your Home Address

Work Contact

Business tel Mobile
Fax pager
Email

Your Occupation

Work Address

Guardian's Full Name

Last First Middle

Relationship To Child

Contact details/email

Home tel
Mobile
Email

Your Occupation

Work Address

Your Home Address

Work Contact

Business tel Mobile
Fax pager
Email

Please present the original and copies of the following documents along with this form:

Birth Certificate

Medical Report

Immunization Card

Passport Size Picture

Parent signature

I declare that the information I have disclosed is true and accurate to the best of my knowledge.

Parent Name

Date

d d m m y y y y