

APPLICATION FOR KINDERGARTEN REGISTRATION (20 - 20)

School Year: Date of Registration:

School Choices – To indicate your school choices in order of priority please follow these instructions. Use **1, 2** and **3** to indicate your **first** (1st), **second** (2nd) and **third** (3rd) choices respectively.

- A.** Select **three (3)** choices from **only one (1) box**. You **must** select **three (3)** choices to ensure that your child is assigned to a school. Due to limited space, there is **no guarantee** that your child will be assigned to the school of your **first and or second choice**.

BOX 1	BOX 2	BOX 3
Anglican	Camille Henry	Carmen Renee
Vide Bouteille	Vide Bouteille	Vide Bouteille
Methodist	Methodist	Methodist
R. C Boys	R. C Boys	R. C Boys
Ave Maria	Ave Maria	Ave Maria
Mon-Du-Don	Mon-Du-Don	Mon-Du-Don
Marchand	Marchand	Marchand

.....
Child's Christian/First Name

.....
Surname

Other

Sex: Male: ☐ Female: ☐ Date of Birth: Religion:

Long Term Medical Condition.....

CHILD'S ACTUAL PLACE OF RESIDENCE.....

NAME OF PRE-SCHOOL ATTENDED & ADDRESS:

Please complete the details for both mother and father (guardian if applicable)

Please complete the details for both mother and father (guardian if applicable)			
Details	Mother	Father	Guardian
Name of Parent/guardian			
Place of Residence			
State actual work place			
Work place address/location			
Length of time employed at that location			
Tel. No. (work)			
Tel. No. (home)			
Tel. No. (mobile)			

P.T.O.

Child resides with: Father ☐ Mother ☐ Guardian ☐ Other (specify) ☐

OTHER BROTHERS AND SISTERS ATTENDING PRIMARY SCHOOL IN CASTRIES AND ENVIRONS

NAME	AGE	PRESENT GRADE	SCHOOL

Why did you choose the first three school/s of your choice?

Reason for 1st choice.....

Reason for 2nd choice.....

Reason for 3rd choice.....

NB: False information will result in an automatic disqualification of your application

Name of Person Registering Child.....

Relationship to Child.....

(I hereby certify that all information provided is true to the best of my knowledge)

.....

Parent’s Signature

.....

Principal’s Name (Please Print)

REGISTRATION STATUS – For Registration Officer Only

Are the following required documents in order?

Health Card ☐ Developmental Assessment ☐ Birth Certificate ☐
Registration Completed ☐ Registration Incomplete ☐

Are other documents to be submitted or any information to be verified?

FOR OFFICIAL USE (Chief Education Officer)

FOLLOW-UP ACTION

1. Address Verified ☐ 2. Work Place Verified ☐ 3. Sibling (s) Verified ☐
4. Qualified ☐ 5. Not Qualified ☐

.....

Principal’s Signature

.....

Chief Education Officer

.....

Date

.....cut here.....

Form # _____

Proof of Registration
Ministry of Education, HRD & Labour

Date: Name of Child:..... Date of Birth:.....

BOX 1	BOX 2	BOX 3
Anglican	Camille Henry	Carmen Renee
Vide Bouteille	Vide Bouteille	Vide Bouteille
Methodist	Methodist	Methodist
R. C Boys’	R. C Boys’	R. C Boys’
Ave Maria Girls’	Ave Maria Girls’	Ave Maria Girls’

Signature: Parent.....

Principal: