CHAPEL HILL BASIC SCHOOL

Chapel Hill, Port Morant, St. Thomas

REGISTRATION FORM

A. STUDENT'S PERSONAL DATA

1. Name of Child/Ward: _____
2. Date of Birth : _____Age: _____
3. Address: _____
4. Child's PATH: _____Telephone #: _____

B. MOTHER'S PERSONAL DATA

1. Name of Mother: _____
2. Home Address : _____
3. Mother's Telephone#:(C) _____(H) _____(W) _____
4. Mother's ID#: _____Type of ID #: _____

C. FATHER'S PERSONAL DATA

1. Name of Father: _____
2. Home Address : _____
3. Father's Telephone#:(C) _____(H) _____(W) _____
4. Father's ID#: _____Type of ID #: _____

D. CUSTODY AND GUARDIANSHIP (if different from mother or father)

1. Guardian's Name: _____
2. Relationship to student: ____ grandfather/grandmother ____ aunt/uncle____family friend ____

   foster parent ___ caregiver/concerned ____ brother/sister ____ government ____ other ____
4. Guardian Address:_____
5. Guardian's Telephone#: (C) _____(H) _____(W) _____

E. EMERGENCY CONTACT:

1. Next of Kin (in case of emergency) _____
2. Address: _____Telephone#:_____

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F. DOCUMENTS:

Birth Certificate: ____ Immunization Card: ____ Medical Form: ____

Two (2) passport size picture of child: ____ One passport size picture of parent: ____

G. ***FINANCIAL OBLIGATION:*** Welfare Contribution: ____ P.T.A Contribution: _____

Rule Book: ____ P.E. Gear: ____ Tie: ____ Term Resources and Material: ____

Insurance: ____

H. ***ADDITIONAL INFORMATION:***

Date of Admission: _____ Grade to which assigned: ____ House: _____

Administrator' Remarks: _____

_____

Administrator's Signature: _____ Date: _____