



PORTMORE MISSIONARY PREPARATORY AND KINDERGARTEN

**114 Cecile Avenue, Edgewater, St. Catherine
Telephone: (876) 988-5151 Facsimile: (876)939-2358**

APPLICATION FORM Academic Year 2021/2022

Name _____ **Date of Birth** ____/____/____
Surname First Middle Day Month Year

PREVIOUS SCHOOL _____ **DATE ATTENDED** _____

Present Grade: _____ Religious Denomination: _____

Relatives attending this school: _____ Relation: _____ Position/Grade _____
Name

Father
Name _____
Surname First Middle

Mother
Name _____
Surname First Middle

Home Address _____

Home Address _____

Employer _____

Employer _____

Occupation &/or Position _____

Occupation &/or Position _____

Telephone ____/____/____
Home Work Mobile

Telephone ____/____/____
Home Work Mobile

E-mail Address: _____

E-Mail Address: _____

Student lives with: Mother Father Both Parents Married Unmarried

Step-Mother Step-Father Guardian Parents Divorced

Other Details: Mother deceased Father deceased Parent(s) Abroad

Other Children in Family:

1. Name: _____ Age: _____ 2. Name: _____ Age: _____

3. Name: _____ Age: _____ 4. Name: _____ Age: _____

Guardian (If parents are deceased or off the island)

Name _____ Address _____
Surname First Middle

Employer _____ Telephone ____/____/____
Home Work Mobile

Occupation _____

Who will be responsible for paying the school fee? Name _____
(Title) (Surname) (First)

Contact Number(s) _____

PLEASE NOTE CAREFULLY

The following must be submitted:-

1. Original and Photocopy of Birth Certificate
2. Original and Photocopy of Immunization Card
3. (2) Recent Passport size Photograph
4. Photocopy of final report of previous school year and Christmas or first term report of current year when available.
5. Application Fee \$1,000.00

- The Application Fee is non-refundable
- School fees are payable in advance at the beginning of each term and must be lodged at any branch of the National Commercial Bank which has been authorized to accept CERTIFIED CHEQUES OR CASH ONLY. Fees per term: \$ _____
- A term's notice in writing must be given to the Principal for discontinuance of a pupil's attendance at school; otherwise parent or guardian is liable to pay the term's fees.

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

Mother/Guardian

Father/Guardian

Date

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REQUEST TO TRANSFER STUDENT RECORDS

Last School Attended: _____

Address: _____

Name of Student: _____ Grade: _____

Date of Birth: _____

Parents/Guardians consent:

I agree for the following data to be sent from _____ school.

Signed: _____ Date: _____

THIS SECTION IS TO BE FILLED OUT BY PRESENT SCHOOL

General comments on student:

The following records are requested:

[Please tick to indicate that they have been sent]

Academic and student's progress data

Fees Payment History

Special Education Data

Other

Credit rating – please tick appropriate box:

Fees etc. PAID UP

BALANCE OUTSTANDING

SCHOOL STAMP OR SEAL

Please Return to: The Administrator
Portmore Missionary Prep.
114 Cecille Avenue
Brdgeport P.O.,
St. Catherine
Tel: 988-5151