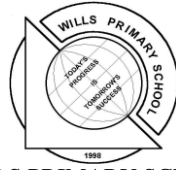


A Registration Fee of \$100.00, along with the documents listed MUST accompany this form.



WILLS PRIMARY SCHOOL
ELCOURT HOUSE
MAXWELL CHRIST CHURCH
Telephone: (246) 418-9833
mail: willsprimaryschool@gmail.com
Website: willsprimaryschool.com

For Official Use:
Birth Certificate: _____
Immunization Record: _____
Transcript: _____
Student Visa App. _____
Registration Fee: _____

DATE OF APPLICATION:
(MONTH) _____ (YEAR): _____
DATE OF ENTRY:
(MONTH) _____ (YEAR): _____

APPLICATION FOR ADMISSIONS

CHILD'S NAME:

FIRST: _____ **MIDDLE:** _____ **LAST:** _____

ADDRESS: _____

PLACEMENT IN FAMILY: _____ 1ST _____ 2ND _____ 3RD _____ 4TH **RELIGION:** _____

DATE OF BIRTH: ____ M ____ D ____ Y **GENDER:** ____ (M) ____ (F) **COUNTRY OF BIRTH:** _____

NATIONALITY: _____ **PREVIOUS SCHOOL ATTENDED:** _____ **CLASS/GRADE:** _____

ALLERGIES: _____ **OTHER MEDICAL CONDITIONS:** _____

TREATMENTS: _____

MOTHER'S NAME: (MISS, MRS. MS.) _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **H** _____ **W** _____ **C**

EMAIL ADDRESS: _____

NATIONALITY: _____ **SECONDARY SCHOOL ATTENDED:** _____

OCCUPATION: _____ **NAME OF COMPANY:** _____

FATHER'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **H** _____ **W** _____ **C**

EMAIL ADDRESS: _____

NATIONALITY: _____ **SECONDARY SCHOOL ATTENDED:** _____

OCCUPATION: _____ **NAME OF COMPANY:** _____

EMERGENCY CONTACT (OTHER THAN PARENTS OR GUARDIANS)

NAME: _____

TELEPHONE NUMBER: _____ **H** _____ **W** _____ **C**

STATE PERSONS, OTHER THAN LISTED ABOVE, THAT YOU GIVE PERMISSION FOR YOUR CHILD/CHILDREN TO BE PICKED UP BY:

EMERGENCY CLEARANCE

In case of an emergency in which you cannot be reached, do you give permission to the Principals and teachers of WPS to take your child to a doctor/hospital? _____

PEDIATRICIAN'S NAME: _____ OFFICE NUMBER: _____

STATE ANY EVENT/S OR INJURY IN YOUR CHILD'S PAST THAT WE SHOULD BE MADE AWARE OF: (LOSS OF A PARENT/SIBLING, INJURY REQUIRING HOSPITALIZATION ETC.)

CONTRACT AGREEMENT

I, _____, hereby agree to all the policies and regulations set forth by Wills Primary School. I agree to pay school fees within the first week of the school term. I will give a FULL TERM'S NOTICE, in writing, to the school or a term's fee in lieu of notice, if I no longer require a space for my child in this school. I understand that payments outstanding at the end of the term (i.e. after 12 weeks) may be turned over to Collectors. The debtor (parent/guardian) will be liable for the Collector's fee (25%) in addition to the debt, as well as any legal fees incurred.

SIGNATURE OF PARENT

DATE

This form must be completed in full.

N.B. The Board of Management reserves the right to ask parents to withdraw a student whose conduct is not in keeping with the policies laid forth by the management of Wills Primary School. A student who has been suspended or expelled for reasons relating to student academic misconduct or student general misconduct will not be entitled to a refund of tuition fees.