VAZ PREPARATORY SCHOOL
11 ½ DUNOON ROAD
KINGSTON 2
TELEPHONE: 928-1226/FAX: 928-2900
EMAIL: vazprep2@hotmail.com

APPLICATION FORM

STUDENT INFORMATION

SURNAME	FIRST NAME	MIDDLE NAME

GENDER: M ◯ F◯ DATE OF BIRTH ____/____/____ DENOMINATION: _____
DD MM YY

Address: _____

Doctor's Name: _____

School Previously Attended: _____

Is there a sibling attending Vaz Preparatory School? Y ◯ N ◯

If yes, Name of sibling: _____

How did you hear about the school?

News paper ◯ Radio ◯ Flyer ◯ Website ◯ Social Media ◯ Friend ◯

PARENTS' INFORMATION

Mother's Name: _____

Address: _____

Employer: _____Occupation: _____

Telephone # (H)_____ (W)_____ (C)_____

Email Address: _____

Father's Name: _____

Address: _____

Employer: _____Occupation: _____

Telephone # (H)_____ (W)_____ (C)_____

Email Address: _____

I agree to abide by the rules of the school and in the event that I wish to withdraw my child, I will give one term's notice in writing.

Signature of Parent/Guardian: _____ Date: _____/_____/_____

OFFICE USE ONLY

Date of Interview: _____/____/_____ Accepted Y ◯ N ◯

Date Starting _____/_____/_____