



Holy Trinity High School

18 George Headley Drive, Kingston 4, Jamaica W. I.
Tel: (876) 922-7104 Fax: (876) 967-3716



STUDENT'S ADMISSION FORM

Students and Parent/Guardian are asked to complete this application form

When returning this form please attach the following:

- Photocopy of Birth Certificate with original for verification
- Two recent character of references
 - One from Minister of Religion/Justice of the Peace
 - One from the last school attended
- Last school report
- Receipt for medical report (to be done at St. Joseph's Hospital)
- Two passport sized photographs
- Receipt for cash payment of School Development Fund and affiliated contribution

1. STUDENT'S INFORMATION				
Last name:		First name:		Middle Name (s):
Date of Birth (dd/mm/yyyy):		Gender:	Nationality:	Religion/Christian Denomination:
2. P.E.P/GNAT RESULTS				
Scores:				
Math	Science	Social Studies	Language	Communication Task
3. PREVIOUS SCHOOL INFORMATION				
Previous School:			Last Grade:	
4. SIBLINGS CURRENTLY ENROLLED AT HOLY TRINITY HIGH SCHOOL				
Name (s) and form:				
5. FATHER'S INFORMATION				
Father's Name:		Nationality:		Occupation:
Home address:				
E-mail:		Home Telephone #:		Cell phone
Mailing address (if different from home address):				
Place of Employment:			Telephone:	
Are you a former student of the Holy Trinity High School? <input type="checkbox"/> YES <input type="checkbox"/> NO				
6. MOTHER'S INFORMATION				
Mother's Name:		Nationality:		Occupation:
Home address:				
E-mail:		Home Telephone #:		Cell phone #:
Mailing address (if different from home address):				
Place of Employment:			Telephone:	
7. NAME OF GUARDIAN (IF NOT LIVING WITH PARENTS)				
Guardian's Name:		Nationality:		Occupation:
Home address:				
E-mail:		Home Telephone #:		Cell phone #:
Mailing address (if different from home address):				
Place of Employment:			Telephone #:	
Are you a former student of the Holy Trinity High School? <input type="checkbox"/> YES <input type="checkbox"/> NO				
8. EMERGENCY CONTACT PERSON (1)				
Name:		Relation:		Occupation:
Home address:				
E-mail:		Home Telephone #:		Cell phone #:
Place of Employment:			Telephone #:	
9. EMERGENCY CONTACT PERSON (2)				
Name:		Relation:		Occupation:
Home address:				



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E-mail:	Home Telephone #:	Cell phone #:
Place of Employment:		Telephone #:

.....
Parent/Guardian's Signature

.....
Student's Signature

FOR OFFICIAL USE ONLY

Year admitted:

- Photocopy of Birth Certificate with original for verification
- Two recent character of references
 - One from Minister of Religion/Justice of the Peace
 - One from the last school attended
- Last school report
- Medical Report (to be done at St. Joseph's Hospital)
- Two passport sized photographs
- Receipt for cash payments
 - Registration Fee
 - School Development Fund

READING LEVEL

HOUSE ASSIGNED

CLASS ASSIGNED

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Signature of Administrator

.....
Date