



# Holy Trinity High School

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



## RE-REGISTRATION FORM

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

When returning this form please attached the following:

- Copy of Tax Registration Number (T.R.N)
- Receipt for Medical Report done at St. Joseph's Hospital
- Two passport sized photographs
- Receipt for cash payment of School Development fund.

<b>1. STUDENT'S INFORMATION</b>			
Last name		First name:	
Date of Birth (dd/mm/yyyy):		Gender:	Nationality:
			Religion/Christian Denomination:
<b>2.SIBLINGS CURRENTLY ENROLLED AT HOLY TRINITY HIGH SCHOOL</b>			
Name (S) and form:			
<b>3. FATHER'S INFORMATION</b>			
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			
<b>4. MOTHER'S INFORMATION</b>			
Mother'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			
<b>5. NAME OF GUARDIAN (IF NOT LIVING WITH PARENTS)</b>			
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			
<b>6. EMERGENCY CONTACT PERSON (1)</b>			
Name:		Relation:	Occupation:
Home address:			
E-mail:		Home Telephone #:	Cell phone #:
Place of Employment:			Telephone #:
<b>7. EMERGENCY CONTACT PERSON (2)</b>			
Name:		Relation:	Occupation:
Home address:			
E-mail:		Home Telephone #:	Cell phone #:
Place of Employment:			Telephone #:

.....  
Parent/Guardian's Signature

.....  
Student's Signature



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## FOR OFFICIAL USE ONLY

The following documents have been received:

- Photocopy of Tax Registration Number (T.R.N)
- Medical Report (**to be done at St. Joseph's Hospital**)
- Two passport sized photographs
- Receipt for cash payments
  - Registration Fee
  - School Development Fund

**School Development Fund is used to complement the government's subsidy in many areas some of which are listed below:**

1. Operating and maintaining the Science and Home Economic Laboratories
2. Purchasing equipment and supplies for computer labs and physical education department
3. Funding maintenance work on the plant and equipment
4. Providing adequate security to ensure safety of student and staff
5. Providing scholarships to qualified students

The School Development Funds contribution is Thirteen Thousand Five Hundred (**\$13,500.00**).

.....  
Signature of Administrator

.....  
Date