



# Holy Trinity High School

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



## TRANSFER REQUEST FORM

**THIS FORM DOES NOT GUARANTEE YOU AN AUTOMATIC ACCEPTANCE**

**Signing the form indicates that:**

- The information is true and correct to the best of my knowledge.
- I understand and accept that the application fee is NON-REFUNDABLE.
- I understand and accept that any inaccurate information will lead to the revocation of Admission.

<b>1. STUDENT'S INFORMATION</b>			
Last name		First name:	
Date of Birth (dd/mm/yyyy):		Middle Name (s):	
Gender:	Nationality:	Religion/Christian Denomination:	
<b>2. P.E.P / GNAT RESULTS</b>			
Scores:			
Math	Science	Social Studies	Language
		Communication Task	
<b>3. PREVIOUS SCHOOL INFORMATION</b>			
Previous School:		Last Grade:	
<b>4. SIBLINGS CURRENTLY ENROLLED AT HOLY TRINITY HIGH SCHOOL</b>			
Name (s) and form:			
<b>5. 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>6. 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>7. 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>8. EMERGENCY CONTACT PERSON (1)</b>			
Name:	Relation:		Occupation:
Home address:			
E-mail:		Home Telephone #:	Cell phone #:
Place of Employment:		Telephone #:	
<b>9. EMERGENCY CONTACT PERSON (2)</b>			
Name:	Relation:		Occupation:
Home address:			
E-mail:		Home Telephone #:	Cell phone #:
Place of Employment:		Telephone #:	

**Please indicates your reason for transfer**




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## FOR OFFICIAL USE ONLY

**Year admitted:**

The following documents have been received:

**Copy of P.E.P/GNAT results**

**Copy of last school report**

**Application Fees Paid** \_\_\_\_\_

**Application :**

Approved     Denied

.....  
Signature of Principal/Vice Principal

.....  
**Parent/Guardian's Signature**

.....  
**Student's Signature**