

2) This application **must** be accompanied by the following documents:

APPLICATION FOR SCHOOL ADMISSIONS BY VIRGIN ISLANDERS

Before completing this application form, please read the following instructions carefully.

1) In accordance with the Virgin Islands Education Act, 2004, Section 28 (1), "Every child shall attend school from the first day of the school calendar following that in which he attains the lower age of the compulsory school age limit..."

	☐ Immunisation Ca☐ Letter from the R☐ Passport-size pho	cate of the child nip (BVI or UK passport, Belonger's Card) rd oad Town Health Clinic certifying full immunization of child					
	documents issued in ompanied by the orig	a foreign language must be translated and certified, and the translation must be inal documentation.					
3)	•	ot from the school last attended, if applicable, should be sent directly from the col, of the Ministry of Education through any of the following media: The Chief Education Officer Ministry of Education P.O. Box 72 Road Town, Tortola VG1110 VIRGIN ISLANDS					
	Electronic Mail:	Contact the Ministry of Education via telephone 1 (284) 468-3701 extension 2151					
4)	The parent or Guardian should be the person making the application. Individuals who have guardianship over a child must provide evidence of such.						
5)		ian must bring his/her passport with the application. It will be returned immediately nformation has been verified.					
6)		dmitted into school in September, at the commencement at the Advent term. Il be dealt with on an individual basis, by the Personnel who have that responsibility.					

7) If applying for admission into a private school, this application must be accompanied by a letter from the

8) Health Cards (BVI Health Services Authority) and evidence of Health Insurance will be required by the

requested school, stating the availability of space.

Submission Deadline: 30th April, 2019

9) THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN.

school, upon enrollment.

For official use only
ADMISSION ID: ____of__
No. Year

V.I. SCHOOL SYSTEM STUDENT ADMISSIONS FORM FOR VIRGIN ISLANDERS

	Name:							
	Name:	Last			Firs	t		Middle
	Date of Birth:	/	/	Age	e:/	,	Gender: ☐ Male	e 🗆 Female
		dd m		0	Years	Months		
	Place of Birth						Ethnicity:	☐ Black ☐ Hispanic
								☐ Indian ☐ Caucasian
								☐ Phillipino ☐ Other:
	Home Address:						_	:
	-							
	-							
	Home Phone:							
L	Language: Prim	ary Language					Secondary Lang	uage
7	Single Parent H	ousehold 🗆	Yes		lo			
١l	Father's Name:							
1	i diner o ridine.	Last			Firs	t		Middle
							0.0 - 11: 0 -l-l	
•	Home Address:						Mailing Address	:
N	-							
г	Hama Dhana.						Manla Dhana	
;	Home Phone: Email Address:_							
	Employer:							
`	Mother's Name	e:						
1		Last			Firs	t		Middle
)	Home Address:						Mailing Address	:
.	nome Address.						Maning Address	·
3	-							
۱ ا	Home Phone:						Work Phone:	
١ ا	Email Address:						Cell Phone:	
۱ ۶	Employer:							
	Guardian's Nan	ne:						
		Last			Firs	t		Middle
<u>'</u>	Home Addus						Mailine Addr	
•	Home Address:						iviailing Address	:
N	-						-	
s	Hama Diserra						Manla Diserse	
	Home Phone: Email Address:_							
	Employer:							

violiter 31 lace of birt	h:		Father's Place of Birth:						
VI Status:	VIslander	☐ Belonger	BVI Status:	☐ BVIslander ☐ Be	longer				
a case of an emergency	the following cont	acts will be notified	based on the order	in which they are listed.					
Medical Alerts: ☐ Alle		Blood Type:							
Other Alerts:									
Emergency Contact #1	L								
lame: Last		First		Middle Initial					
Relationship: Contact Number		☐ Father ☐ H	☐ Guardian ome ☐ W	☐ Other ork ☐ Celluar					
mergency Contact #2	2								
lame: Last		First		Middle Initial					
elationship: Contact Number				☐ Other ork ☐ Celluar					
Other Special Medical	Considerations:								
				c □ Other					
Start Date:									
Departure Time:		Arrival Tim	e:	_					
pecial Instructions: _					-				

Parent/Guardian: _

STUDENT STATUS Attended Primary School in the Territory: ☐ YES ☐ NO Name of Institution: FROM: _____ TO: ____ Date of Enrollment: First Choice of School: Second Choice of School: Other family members attending school: Name of Student: _____ School Name: _____ Name of Student: _____ School Name: _____ ☐ Honour Roll ☐ Debate Club ☐ Choir ☐ Cheerleading School and Other Activities □ Other _____ Sports Teams: □ Basketball ☐ Softball/Baseball ☐ Rugby After School Clubs ☐ Girl's Brigade ☐ Boy's scouts ☐ VI Basketball ☐ KATS ☐ BSafe STUDENT NUMBER: _____ ADMISSION DATE:____ GRADE – LEVEL: ☐ Grade 6 ☐ Form 1 ☐ Form 2 ☐ Form 3 ☐ Form 4 **ENTRY CODE:** ☐ Original Entry ☐ Return from Last Year ☐ Previous Drop Out ☐ Promoted ☐ Transfer from Private School ☐ Transfer from out of Country ☐ Transfer within District (Public School) District of residence: **Documents for admission:** ☐ Passport ☐ Residency Card☐ Birth Certificate ☐ Transfer Form E OTHER: 0 House Selection: Name: _____ Colour: ____