



GOVERNMENT OF THE VIRGIN ISLANDS

Ministry for Education, Culture
Youth Affairs, Fisheries and Agriculture

APPLICATION FOR ENTRY INTO VIRGIN ISLANDS' SCHOOLS BY NON VIRGIN ISLANDERS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

1. In accordance with the Education Act, 2004 Section 21, 1 (a), "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..."
2. **Certified copies or original documents** will be accepted, and returned immediately upon verification. This application must be accompanied by the following documents:
 - Valid Birth Certificate
 - Immunization Card
 - Letter from the community clinic certifying full immunization of child
 - Passport-size photograph of the child
 - Passport of child (if applicable)
 - Passport-size photograph of parent/guardian
 - Passport of parent/guardian
 - Official Student Transcript (School seal and stamp should be affixed)
 - Health Insurance

Immigration requirements for children to reside:

- a) Applicant must send a signed request to Chief Immigration Officer.
- b) If you are not the parent of the child/ren your application must be accompanied by a notarized letter from the parent(s) or other document that substantiates legal guardianship or custody of the child.
- c) Please provide proof of financial support where applicable:
 - Bank Statement
 - Job Letter
 - Most current pay slips (2 weeks/month)
 - Approved labour clearance (persons coming into the territory for the first time)
3. Please provide us with proof of your status i.e. your birth certificate, bio page of your passport, resident or belongs card, or your entry permit stamp and number (R-_____) in your passport. If you are the applicant, kindly walk with your passport on delivery.
4. Please include mailing address, contact numbers or email address so that we can reach you.
5. All documents issued in a foreign language **MUST** be translated and certified and the translation accompanied by the original document.

School Admission hours: 9:00 am – 3:00 pm

Submission Deadline:
Advent Term: 30th April
Lent Term: 30th November

For official use only
ADMISSION ID: _____ of _____
No. Year

6. An **Official Transcript** bearing the stamp and seal from the school last attended, should be sent directly from the Principal of the school to the Ministry of Education & Culture to the following address:

The Chief Education Officer
Ministry of Education & Culture
Government of the Virgin Islands
P O Box 72
Road Town, Tortola VG 1110
Virgin Islands

Electronic Mail: admissions@vischools.edu.vg

In the case of a transcript not being available, the child's report for the last 2 terms will be accepted.

7. Applications will be received for processing during the first four months of the year **(January to April) for Public and Private Schools and again in November for Private Schools only.**
8. The parent(s)/guardian(s) of the child/children should be the person submitting the application. The guardian(s) submitting an application **MUST** provide legal documentation to prove guardianship/custody of the child/children.
9. Kindly bring your **passport** and **work permit card** which will be returned immediately after the information requested has been verified. **Persons employed by the Government should bring along their letter of appointment.**
10. Students will **ONLY** be admitted into school in **September at the beginning of the school year (Advent Term) or in January, the beginning of the Lent Term.** Exceptional cases will be at the discretion of the **Chief Education Officer.** **Please note that a space into the Public school system cannot be guaranteed.**
11. If your application is being made for a private school, the application **MUST** be accompanied by a letter from the school, stating there is space to accommodate the child. Please note that this is not an approval letter for entry into the school system but is required in order for the Ministry to process the application.
12. **THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN.**

N.B. A space into the public school system cannot be guaranteed.

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Name: _____
Last First Middle

Date of Birth: ____/____/____ Age: ____/____ Gender: Male Female
dd mm yr Years Months

Place of Birth: _____ Ethnicity: Black Hispanic
 Indian Caucasian
 Asian
 Other: _____

Home Address: _____ Mailing Address: _____

Home Phone: _____

Language: Primary Language _____ Secondary Language _____

Single Parent Household Yes No

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Father's Name: _____
Last First Middle

Home Address: _____ Mailing Address: _____

Home Phone: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
Employer: _____

Mother's Name: _____
Last First Middle

Home Address: _____ Mailing Address: _____

Home Phone: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
Employer: _____

Guardian's Name: _____
Last First Middle

Home Address: _____ Mailing Address: _____

Home Phone: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
Employer: _____

Mother's Place of Birth: _____ Father's Place of Birth: _____

Mother's Place of Birth: _____

Father's Place of Birth: _____

Proof of Status: Birth Certificate Passport Photo Page

Proof of Status: Birth Certificate Passport Photo Page

Guardian's Place of Birth: _____

Proof of Status: Birth Certificate Passport Photo Page

In case of an emergency the following contacts will be notified based on the order in which they are listed.

Medical Alerts: Allergies _____ Blood Type: _____

Other Alerts: _____

In case of an emergency the following contacts will be notified based on the order in which they are listed.

Emergency Contact #1

Name: _____
Last First Middle Initial

Relationship: Mother Father Guardian Other _____
Contact Number _____ Home Work Cellular

Emergency Contact #2

Name: _____
Last First Middle Initial

Relationship: Mother Father Guardian Other _____
Contact Number _____ Home Work Cellular

Other Special Medical Considerations: _____

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Type: Private Bus Government Funded Parents Walk Other _____

Bus Driver's Name: _____ Cell Phone: _____

Start Date: _____ End Date: _____

Departure Time: _____ Arrival Time: _____

Special Instructions: _____

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Attended Primary School in the Territory: YES NO

Name of Institution student last attended: _____

Date of Enrollment: FROM: _____ TO: _____

Last grade attended: _____

First Choice of School: _____

Second Choice of School: _____

Other family members attending school:

Name of Student: _____

Name of School: _____

Name of Student: _____

Name of School: _____

School and Extra-Curricular Activities: Honour Roll Debate Club Choir Cheerleading
 Basketball Softball/Baseball Rugby Karate Music Girl's Brigade
 Boy's scouts Basketball Track and Field Tennis Other _____

Parent/Guardian: _____

*Signature (Please type/print full name if
unable to sign)*

Date

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GRADE: Kindergarten Grade 1 Grade 2 Grade 3 Grade 4
 Grade 5 Grade 6 Grade 7 Grade 8 Grade 9
 Grade 10 Grade 11 Grade 12

ENTRY CODE: Original Entry Return from Last Year
 Promoted Previous Drop Out
 Transfer from Private School Transfer from out of Country
 Transfer within District (Public School)

District of residence: _____

Student Number: _____

Officer: _____

Stamp, Signature and Date

*Department of Immigration's
Stamp, Signature and Date*