



GOVERNMENT OF THE VIRGIN ISLANDS

Ministry for Education, Culture
Youth Affairs, Fisheries and Agriculture

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..."
- 2) This application **must** be accompanied by the following documents:
 - Valid Birth Certificate of the child;
 - Proof of Citizenship (BVI or UK passport, Belonger's Card);
 - Immunization Card;
 - Letter from the community clinic certifying full immunization of child;
 - Passport-size photograph of the child
 - Passport-size photograph of **each** parent/guardian
 - Passport of Parent / Guardian
 - Health Insurance

N.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.

All documents issued in a foreign language **must** be translated and certified, and the translation **must** be accompanied by the original documentation.

- 3) An Official Transcript from the school last attended, if applicable, should be sent directly from the Principal of that school, of the Ministry of Education through any of the following media:

Mailing Address: The Chief Education Officer
Ministry of Education
P.O. Box 72
Road Town, Tortola VG1110
VIRGIN ISLANDS

Electronic Mail: admissions@vischools.edu.vg

- 4) The Parent or Guardian **must** bring his/her passport with the application. It will be returned immediately after the necessary information has been verified.
- 5) Students will be admitted into school in September, at the commencement at the Advent term. Exceptional cases will be dealt with on an individual basis, by the Personnel who have that responsibility.
- 6) If applying for admission into a private school, this application must be accompanied by a letter from the requested school, stating the availability of space.
- 7) **THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN.**

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

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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 _____

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Single Parent Household Yes No

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: _____

BVI Status: BVIlander Belonger

BVI Status: BVIlander Belonger

Proof of Status: Birth Certificate Passport Photo Page
Photo Page

Proof of Status: Birth Certificate Passport

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: _____
Signature and stamp *Date*