

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

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Name: _____
Last
First
Middle

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

Place of Birth _____ Ethnicity: Black Hispanic
 Indian Caucasian
 Phillipino
 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: _____

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Mother's Place of Birth: _____ Father's Place of Birth: _____
BVI Status: BVIlander Belonger BVI Status: BVIlander Belonger

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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: _____

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: _____

Parent/Guardian: _____
Signature *Date*

STUDENT STATUS

Attended Primary School in the Territory: YES NO

Name of Institution: _____

Date of Enrollment: FROM: _____ TO: _____

First Choice of School: _____

Second Choice of School: _____

Other family members attending school:

Name of Student: _____

School Name: _____

Name of Student: _____

School Name: _____

School and Other Activities Honour Roll Debate Club Choir Cheerleading
 Other _____

Sports Teams: Basketball Softball/Baseball Rugby
After School Clubs Girl's Brigade Boy's scouts VI Basketball KATS BSafe

Other: _____

STUDENT NUMBER: _____ ADMISSION DATE: _____

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GRADE – LEVEL: Grade 6 Form 1 Form 2 Form 3 Form 4

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: _____

Documents for admission:

Passport Residency Card Birth Certificate Transfer Form

OTHER:

House Selection: Name: _____ Colour: _____

Officer: _____

Signature and stamp

Date