



Place Photo Here

REGISTRATION FORM

Please complete ALL Sections. Write “Not Applicable or (N/A)” in any section that does not apply.

FULL NAME OF CHILD.....

AGE.....

DATE OF BIRTH.....

MALE:

FEMALE:

876.953.9548
office@heinz.school
www.heinzsimonitschschool.com
Half Moon Village, Rosehall, MBJ
Jamaica, W.I



PERSONAL INFORMATION

- (a) Any allergies.....
- (b) Likes/ Dislikes.....
- (c) Eating.....
- (d) Sleeping Habits.....
- (e) Other Information.....

IMMUNIZATION INFORMATION

Has he/she had ALL shots?

DPT..... POLIO..... MEASLES.....TUBERLIN TEST.....

RUBELLA (German Measles) (Copy of Immunization Record attached)



FAMILY INFORMATION

Parent or Guardian..... Please indicate which applies, if
 Guardian, please state relationship to child.....

Mother's Name	
Mother's Address	
Email Address	
Telephone Number\s	
Occupation	
Work Address	

Father's Name	
Father's Address	
Email Address	
Telephone Number\s	
Occupation	
Work Address	



IN CASE OF EMERGENCY NOTIFY:

NAME.....

ADDRESS.....

TELEPHONE #.....

NAME OF CHILD'S DOCTOR & Contact # : _____

If this should become necessary, may we call the Centre's Paediatrician, and can treatment be administered? Yes.....No.....

Is your child free of all contagious disease? Yes..... No.....

Does your child suffer from any of the following illnesses?

Asthma..... Epilepsy.....Hay Fever.....

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Person(s) to collect child from school.....

Any legal or confidential information.....

.....

ACADEMIC PROGRAM ENTERING

Grade level registering for:

.....

Academic Goals:

Parent's Signature: _____

Date: _____

For Internal Use Only:

School's Decision: _____

School's Official: _____

Date: _____

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