



The Heinz Simonitsch School Half Moon Shopping Village, Rose Hall, St. James

TEL: 876 953-4532 / 876-953-9458

Email: admissions@heinz.school

Website: www.heinzsimonitschschool.com

HIGH SCHOOL APPLICATION FORM

- N.B a. This application will not be processed if there are sections which have not been completed
 - b. All transfer students are required to attend summer school.
 - c. A NON-REFUNDABLE application fee of Three Thousand Dollars (\$3000.00) must be paid in along with this application form.
 - d. A passport sized picture, a copy of PEP scores (for new grade 7) and a copy of last report.

TO THE PARENT

1.	Grade applying for	_		
2.	Name of Student			
	Last	Christian	Middle	
3.	Date of Birth			
4.				
5.	Telephone Number(s)	(Home)		(Work)
	Cell:			
6.	School child is currently attending			
7.	School child was placed at under GSAT/PEP			
8.	Reason for requesting a transfer: (a) Proximity []. Explain			
	(b) Relocation (from out of town) []. Explain			
	(c) Other (specify) []. Explain			

Applicant				
Has applicant been dismissed fro	om or not allowed to return to previous school?	Yes	No 🗔	
Has the applicant been put on academic/ disciplinary probation at previous school? Yes No Does the applicant have any physical disabilities? Yes No				
Has applicant ever been tested f		Yes	No	
Does applicant have any learning		Yes \square	No \square	
boes applicant have any learning	5 disabilities:	163 —	NO	
If 'Yes' to a	ny of the above, please explain providing document	ted evidence from th	e School/Institution.	
Parent/Guardian Information				
Father's Name Last Name	First Name		Middle Name	
Occupation	Name of Firm			
Address	AddressPhone #			
Email Address:				
Mother's Name				
Last Name	First Name		Middle Name	
Occupation	Name of Firm			
Address		Phone # __		
Email Address:				
Check all Applicable items				
Applicants live with Both parents Me	other			
Older siblings Granderen			(specify)	
				
(If NOT living with parent(s)) Guardian's Name				
Last Name	First Name		Middle Name	
Address		Phone #		
, radi C33		FIIONE # _		
Relatives who attended or w	ho are attending The Heinz Simonitsch School			
	<u> </u>			
Name	Relationship		Year	

Name _______ Relationship _______Year _____

Name	Relationship	Year
Name	Relationship	Year
Information for Emergency or Medical		
(Emergency contact (in case parent/guardian cannot be reached)		
Name		
Relationship to student	Phone	Cell
Parent/Guardian Cell Phone #		
Parent/Guardian e-mail address		
Co-Curricular Activities		
Please state all extra-curricular activities in which your child/ward ei your child/ward has to be actively involved in at least one (1) area ea		

APPLICANT MUST COMPLETE

What do you hope to gain from your experience and what would you like to bring to The Heinz Simonitsch High School?				
Signature of Applicant				
Date				
Signature of Parent/Guardian				
Date				
Print Name of Parent/Guardian				

The Heinz Simonitsch High School

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TO THE PRINCIPAL OR REPRESENTATIVE

	to The Heinz Simonitsch High School.
Please fi	ll out the following form and return it to the Head of Schools of The Heinz Simonitsch School.
1.	Name of the student (as it appears on the Birth Certificate)
2.	Date of Birth of Student
3.	Name of Parent(s)
4.	Address of Parent(s)
5.	Grade at which student was admitted
6.	Present grade
7.	Last accumulated G.P.A (on a 4.0 scale/average)
8.	Areas of academic strength
9.	Areas of academic weakness
10.	Has the student ever been suspended?
11.	If yes, state reason(s) and number of times
12.	Was the student expelled from your school
13.	If yes, state reason(s)
14.	Has the student ever been in trouble with the law?
15.	If yes, give a brief account
16.	Has there been any other disciplinary problem with the student?
17.	If yes, state the nature of the problem
18.	(a) Has the student ever received detentions?

	(b) If yes, give the number and circumstances
19. Is	the student a member of any team/club/society? If 'yes', list below
_ 20.	Does the student (Parent(s)) owe outstanding fees/charges to the school?
21.	Does the student always take required books /other material to school?
22.	Is/Are the Parent(s) active members of the H.S.A/P.T.A?
23.	Would you willingly readmit this student to your school?
24.	Why?
25.	Give your reasons for considering this transfer out of your school.
	motional Maturity – (how does the applicant deal with setbacks, unfamiliar / challenging situations). Child sulks
[☐ Child becomes complacent ☐ Child resolves to do math
-	Child seeks help/assistance from A. Guidance Counsellor B. Teacher C. Peers D. Principal (Provide documented evidence)
Γ	☐ Child complains a great deal ☐ Child is forgiving.
2. C	onflict Resolution Capacity – (Provide documented evidence)
2. (☐ Child is quick to fight ☐ Child becomes abusive and threatening ☐ Child talks through problems
Γ	Child seeks arbitration by appealing to A. Principal B. Teacher C. Guidance Counsellor
_	Child has been in a Fight Verbal conflict Disagreement
	cademic Discipline –
(a)	
/h\	□ Child never does homework/classwork □ Child rarely has material □ Child never has material
(b)	
(c)	Child mostly spends free time playing Child never spends free time playing Child mostly spends free time studying

4. Social Integration –				
Child makes friends easily Child municates well with peers and adults in all circumstances				
Child affords respect to all	Child 'plays' in violent	and disruptive manner		
Child is reserved	Child does not make fr	iends easily		
Child is a poor communicator and disrespectful				
Child understands the importance of punctuality				
My conclusion about	Name of Child		are based on	
☐ Observation ☐ Su	ubject Teacher Reports	Form Teacher Report	Records	
Name of Officer completing form:			Signature	
Position:	-		Date:	
Telephone Number(s):				
Place school stamp here				

NOTE: The Form will NOT be processed if any section is left incomplete or if NOT returned under CONFIDENTIAL COVER.



THE HEINZ SIMONITSCH HIGH SCHOOL Half Moon Shopping Village, Rose Hall, St. James

TEL: 876 953-4532 / 876-953-9548 Email: admissions@heinz.school Website: www.heinzsimonitschschool.com Dear Principal/ Vice Principal: I accept and acknowledge that my admission to The Heinz Simonitsch School by means of an agreed transfer with _____, is provisional and may be terminated at any time at the behest of one or both parties. I do further accept and acknowledge that it is incumbent upon me to act, at all times, in accordance with the rules and regulations already established and stated in the School's Handbook any other rules or regulations which might be promulgated by the MOE, Board, Head of Schools or any other body of competent jurisdiction over matter attending The Heinz Simonitsch School. I also further accept and acknowledge that if by any reason of refusal, neglect or inability, I fail to achieve the school's bench mark grade of 75% average on any or all of the reports issued by said institution, then I will have by my own actions, freely and not under duress, forfeited my place in said institution. Signature of Child: Signature of Parent: Vice-Principal: