



ST. CYPRIAN'S BOYS' SCHOOL

Brittons Cross Road, St. Michael, Barbados, W.I.

Tel: (246) 426-4709/429-5923

Website: stcyprians.com

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Email: cypklh@gmail.com

APPLICATION FORM
STUDENT'S APPLICATION
(NO APPLICATION FEE WHEN SUBMITTING THIS FORM)

LAST NAME: _____ FIRST NAME: _____ OTHER NAMES: _____

ADDRESS: _____

PLACE OF BIRTH: _____ RELIGION: _____

MM / DD / YYYY

ID NUMBER: _____

DATE OF BIRTH: ____/____/____

INNOCULATION: _____

HEALTH PROBLEMS: _____

PARENTS' RECORD

FATHER

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

MOBILE NUMBER: _____ WORK NUMBER: _____ HOME NUMBER: _____

EMPLOYER'S NAME: _____ OCCUPATION: _____

EMAIL: _____ ID NUMBER: _____

MOTHER

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

MOBILE NUMBER: _____ WORK NUMBER: _____ HOME NUMBER: _____

EMPLOYER'S NAME: _____ OCCUPATION: _____

EMAIL: _____ ID NUMBER: _____

PARENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS FORM

- (1) ONE PASSPORT SIZE PHOTO
- (2) BIRTH CERTIFICATE

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED UPON ACCEPTANCE

- (3) COPY OF CHILD'S NATIONAL ID CARD
- (4) COPY OF PARENTS' NATIONAL ID CARD
- (5) IMMUNIZATION CERTIFICATE
- (6) LETTER FROM PEDIATRICIAN ADVISING OF ANY RELEVANT PROBLEMS CHILD MAY HAVE. IF NONE, THE DOCTOR SHOULD CONFIRM THAT THE PUPIL CAN TAKE PART IN REGULAR SCHOOL ACTIVITIES.

- (7) THE SCHOOL FAIR IS HELD ANNUALLY. IF ACCEPTED, WOULD YOU BE PREPARED TO SUPPORT THE PROJECT FINANCIALLY? YES NO

\$100

OTHER

SALE OF TICKETS

APPLICATION FOR STUDENTS REQUESTING A TRANSFER FROM ANOTHER SCHOOL

- (1) STATE REASON FOR LEAVING ORIGINAL SCHOOL

- (2) A PLACEMENT TEST WILL BE REQUIRED
- (3) COPIES OF AT LEAST 3 PREVIOUS REPORTS MUST BE SUBMITTED

OFFICIAL USE ONLY	
ENROLLMENT STATUS	
MM / DD / YYYY	MM / DD / YYYY
APPLIED DATE: _____	APPROVED DATE: _____
FORM PLACEMENT: _____	ADMIN SIGNATURE: _____
APPLICATION NUMBER: _____	ADMIN SIGNATURE: _____