



MINISTRY OF EDUCATION ST. KITTS AND NEVIS
STUDENT APPLICATION FORM
(To be completed by parent or guardian)

Place photo here

Applying for: ☐ School Enrolment ☐ Transfer ☐ Out of Zone
Year: _____ Term: _____

STUDENT INFORMATION			
Student's Full Name:		First:	Middle:
Last:	Age:		Country of Birth:
Date of Birth (DD, MM, YYYY):			
Citizen of St. Kitts-Nevis: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No check one of that applies: <input type="checkbox"/> Temporary resident <input type="checkbox"/> Permanent resident	
		Visa Expiry Date: ____ / ____ / ____ DD MM YYYY	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Primary Language:		Second Language (if applicable):	
School Student is attending or last attended:			
Name of School:		School's Address:	
Country:			
Name of School Requested:		Proposed Grade/Form:	
Reason for request (attach letter if necessary):			
Siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following sibling information.			
Siblings: Name		Grade/Form	School
_____		_____	_____
_____		_____	_____
_____		_____	_____
PARENT / GUARDIAN INFORMATION			
STUDENT RESIDES WITH: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			
Does the child reside under the Guardianship of the Department of Child Welfare or in Alternative Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write the name of the child's / family's case worker: _____			
Mother / Guardian (1): <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First Name:	
Last Name:		P.O. Box:	
Address:			
Town/City:		Country:	Zip Code:
Home #: Cell #:		Email Address:	
Place of employment:		Work #:	

Father / Guardian (2): ☐ Mr.

Last Name:

First Name:

Address:

P.O. Box:

Town/City:

Country:

Zip Code:

Home #:

Cell #:

Email Address:

Place of employment:

Work #:

Citizen of St. Kitts -Nevis ☐ Yes ☐ No

If No check one of that applies:

☐ Temporary resident ☐ Permanent resident

Visa or Work Permit Expiry Date: ____ / ____ / ____

DD MM YYYY

EMERGENCY CONTACTS & PARENTAL CONSENT

The Individuals listed below are allowed to pick up my child in the event of an emergency.

Name: _____ Telephone #: _____

Relationship to student: _____

Name: _____ Telephone #: _____

Relationship to student: _____

Mother's Signature: _____ Father's Signature: _____

Legal Guardian's Signature: _____ Date: _____

LEGAL AFFAIRS/MATTERS:

Do both parents have joint (shared) legal custody (e.g. the right and the obligation to make decisions about the child's upbringing - schooling, medical care etc.)? ☐ Yes ☐ No

Do both parents have joint (shared) physical custody (e.g. the right to visitation or parenting time with the child)? ☐ Yes ☐ No

Is there Court Order barring either parent from removing the student from school? ☐ Yes ☐ No

Is there a Restraining Order, Order of No Contact, or Other Court Order that restricts or impacts access to the student by anyone, including a parent? ☐ Yes ☐ No

Are there any other current Court-sanctioned orders relating to this student? ☐ Yes ☐ No

Note: A copy of the court order(s) / legal document(s) must be submitted for the school's record

STUDENT MEDICAL INFORMATION

Immunizations up-to-date? ☐ Yes ☐ No Any Disabilities: ☐ Yes ☐ No
(Attach a copy of child's clinic card) If yes check one:
☐ Sight ☐ Hearing ☐ Mobility ☐ Speech
☐ Other: _____

Additional information offered by parents - (learning / behavior / developmental issues): _____

Tick if your child suffers from any of the following:

☐ Incontinence ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Heart Condition ☐ Allergies
☐ Other [specify] _____

Is your child taking medication for the specified health condition?

☐ Yes ☐ No (if yes, please list below)

Medication	Dosage	Frequency

PARENTAL CONSENT FOR MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for medical treatment.

Mother's Signature: _____ Father's Signature: _____

Legal Guardian's Signature: _____ Date: _____

DECLARATION BY PARENT / LEGAL GUARDIAN
I, the parent/legal guardian affirm the following: (Please initial each paragraph)

_____ The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "parent/legal guardian" section have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation.

_____ I attest that I have the responsibility for educational decisions for the child, including receiving notices of discipline, attending conferences with school personnel, granting permission for school related activities, and taking appropriate action in connection with student records.

_____ I understand the school's principal, or his/her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis before or after the child has been enrolled in a St. Kitts and Nevis Public School. The audit may also include a personal visit by a school attendance counsellor at the residence provided in this form to verify facts sworn to in this form.

_____ I understand that it is my responsibility as the parent / legal guardian to inform the school of any changes in the information provided. Further, I understand that if any of the residency information provided on this form is changed for any reason, it is my responsibility to notify the school in writing.

_____ I understand that if the school discovers a student was admitted through misrepresentation or presentation of false information that the student will be recommended to the office of the Chief Education Officer for withdrawal from school.

_____ I the undersigned parent/legal guardian consents to the withdrawal of my child / ward in the event, fraud misrepresentation is discovered at any time during the school year.

Mother's Signature: _____ Father's Signature: _____

Legal Guardian's Signature: _____ Date: _____

*** DOCUMENTS LISTED BELOW MUST BE ATTACHED IN ORDER TO COMPLETE YOUR APPLICATION.**

FOR OFFICIAL USE ONLY			
STUDENT APPLICATION DOCUMENT CHECKLIST			
Child's Passport size photo	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent (s) Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Visa (student work)	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Proof of Residential Address (a bill)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Permanent Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Immunization Record	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child's Passport size photo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship Certificate (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child's Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Report/Transcript (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child's Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marriage Certificate(if Necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Report/Transcript	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent(s)/Guardian National I.D	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Affidavit (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Letter from National Security Receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Child's Student Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Proof of Residential Address	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Immunization Record	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Free Movement Stamp in Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: 1. Select all applicable documents. A copy of any student identification information should be placed in the Student Record.
2. *If the bill is not in your name, ask the owner of the bill to write a letter to indicate that you live at that address and attach a copy of the owner's photo ID and a copy of the bill; which must not be older three (3) months.
3. Any application containing false or misleading information will be rejected.
4. All required documents must be attached for the application to be processed.
5. Out of zone request may be granted on medical/disability, sibling match or compassionate basis. (individually)
6. 'Sibling' refers to children who live in the same home.
7. The ministry's policy on placement is that children attend school where they reside.

Mr. Francil Morris
Chief Education Officer
P.O. Box 333
Stanford Building
Airport Road, Golden Rock
Basseterre
St. Kitts

*****Please see note for Parents/Legal Guardian and non-National on the next page*****

Admission date: _____ Assigned School: _____
Approved by: _____ Approval date: _____

NOTES FOR PARENTS/LEGAL GUARDIAN

1. **Where parents are married**, the Ministry requires for **JOINT** signatures on the Student Application Form.
2. **Where parents are unmarried**, but father's name appears on the Birth Certificate, the Ministry requires **JOINT** signatures on the form.
3. **Where parents are unmarried**, but the father's name **DOES NOT** appear on the Birth Certificate, the Ministry relies on the signature of **the mother only**, or with the mother's express consent, the father's signature may be accepted.
4. **Where parents are divorced**, the Ministry requires sight of a formal Custody Order issued by the Court in respect of the Minor child.

NOTES FOR NON-NATIONALS

1. If child is living with someone other than parent, the parent must submit document giving legal guardianship of the child and the right to enroll the child in school in St. Kitts/Nevis.
2. Applicable Fees
 - a. \$75 school attendance fee (payable at The Ministry of National Security)