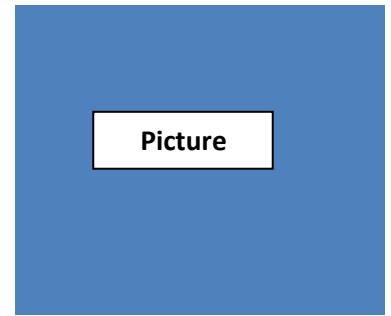


# OLD HARBOUR HIGH SCHOOL

33 South Street  
 Old Harbour P.O.  
 St. Catherine  
 Jamaica W.I.

Telephone: (876)983-2377 / 9832777  
 Fax: (876)983-2778



## TRANSFER APPLICATION FORM

### TO THE PARENT

1. Name of Student

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name (Surname)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Christian (First) Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

2. Date of Birth:

day	month	Year
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3. Name of Parent(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Telephone Numbers

Home

			-			
--	--	--	---	--	--	--

Work

			-			
--	--	--	---	--	--	--

Cellular(s) Digicel

			-			
--	--	--	---	--	--	--

Lime

			-			
--	--	--	---	--	--	--

Claro

			-			
--	--	--	---	--	--	--

6. School which child is currently attending: \_\_\_\_\_

7. Reason(s) for requesting a transfer:

a. Proximity [ ]

b. Relocation [ ]

c. Other (specify) \_\_\_\_\_

8. Grade applying for : \_\_\_\_\_

# OLD HARBOUR HIGH SCHOOL

**Relatives who attended or who are attending Old Harbour High School**

Name	Relationship	Year
Name	Relationship	Year
Name	Relationship	Year
Name	Relationship	Year

**Information for Emergency or Medical Care**

Emergency contact (in case parent/guardian cannot be reached)

Name:	Daytime Phone number:
Relationship to student:	Cell Number:
Parent/Guardian Cell Phone Number(s)	
Parent/Guardian e-mail address:	

**CO-CURRICULAR ACTIVITIES**

Please put a tick in the box beside each activity below in which your child either has experience or in which he/she may want to participate.

Athletics	[ ]	Cricket	[ ]	I.S.C.F.	[ ]	Basketball	[ ]
Drama Club	[ ]	Cadet Corps	[ ]	Netball	[ ]	Football	[ ]
Chess	[ ]	Schools' Challenge Quiz	[ ]	Choir	[ ]	Science Club	[ ]
Hockey	[ ]	Volleyball	[ ]	Environmental Club	[ ]	Tourism Club	[ ]
4-H Club	[ ]						

Chairman - (Mrs.) Icylin Golding, J.P.  
 Principal - (Mr.) Lynton C. O. Weir, B.Sc., Dip. Ed



33 South Street  
 Old Harbour P.O.  
 St. Catherine, JA. W. I.  
 Phone: 983-2377 / 876-745-1328  
 Fax: 983 - 2778  
 Email: [oldharbour.high.sce@moev.gov.im](mailto:oldharbour.high.sce@moev.gov.im)

**TO THE PRINCIPAL OR REPRESENTATIVE**

The parent(s)/guardian(s) of \_\_\_\_\_  
 have requested a transfer from \_\_\_\_\_  
 to **OLD HARBOUR HIGH SCHOOL**. Please fill out the following form and return to the Principal of Old Harbour  
 High School under confidential cover.

1. Name of student (as it appears on Birth Certificate)			
2. Date of Birth of Student	(day)	(month)	(year)
3. Name of Parent(s)/Guardian(s)			
4. Address of Parent(s)/Guardian(s)			
5. Grade to which student was Admitted			
6. Present grade			
7. Last accumulated average or G.P.A. (on a 4.0 scale).			
8. Areas of academic strength			
9. Areas of academic weaknesses			
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 disciplinary problems with the student?	
17. If yes, state nature of problems	
18. Is the student a member of any team/club/society?	
19. Does the student (Parent(s)) owe outstanding fees/charges to the school?	
20. Does the student have books/other material for the school?	
21. Is/Are the Parent(s) active members of the P.T.A.?	
22. Would you willingly re-admit this student to your school?	
23. If yes, why?	

**Please rate the applicant in the following areas:-**

1. Emotional Maturity  
(how does the applicant deals with setbacks, unfamiliar/challenging situations)
 

<input type="checkbox"/> Child sulks <input type="checkbox"/> Child becomes complacent <input type="checkbox"/> Child seeks help/assistance.	<input type="checkbox"/> Child becomes abusive, aggressive <input type="checkbox"/> Child resolves to do better <p style="text-align: center;"><b>(you may tick more than one)</b></p>
--	--
  
2. Conflict Resolution Capacity
 

<input type="checkbox"/> Child is quick to fight <input type="checkbox"/> Child talks through problems	<input type="checkbox"/> Child become abusive and threatening <input type="checkbox"/> Child seeks arbitration
---	---
  
3. Academic Discipline
 

a. <input type="checkbox"/> Child always does homework/classwork <input type="checkbox"/> Child never does homework/classwork	<input type="checkbox"/> Child rarely does homework/classwork
b. <input type="checkbox"/> Child always has material for school <input type="checkbox"/> Child never has material	<input type="checkbox"/> Child rarely has material

4. Social Integration

- Child makes friends easily
- Child affords respect to all
- Child is reserved
- Child is sullen

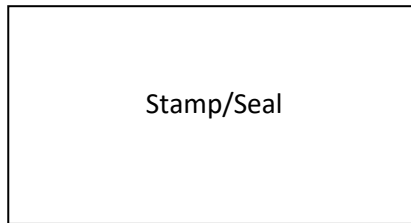
- Child communicates well with peers and adults
- Child 'plays' in violent and disruptive manner
- Child does not make friends easily
- Child is a poor communicator and disrespectful

Name of Officer completing form: \_\_\_\_\_

Position: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_



**APPLICANT MUST COMPLETE**

What do you hope to gain from your experience at Old Harbour High School and what would you bring to Old Harbour High School.

--

Signature of Applicant	
Date	
Signature of Parent/Guardian	
Date	
Print Name of Parent/Guardian <b>(BLOCK CAPITAL)</b>	