



# GOVERNMENT OF THE VIRGIN ISLANDS

Ministry for Education, Culture  
Youth Affairs, Fisheries and Agriculture

## APPLICATION FOR SCHOOL ADMISSIONS BY VIRGIN ISLANDERS

Before completing this application form, please read the following instructions carefully.

- 1) In accordance with the Virgin Islands Education Act, 2004, Section 28 (1), "Every child shall attend school from the first day of the school calendar following that in which he attains the lower age of the compulsory school age limit..."
- 2) This application **must** be accompanied by the following documents:
  - ☐ Valid Birth Certificate of the child;
  - ☐ Proof of Citizenship (BVI or UK passport, Belonger's Card);
  - ☐ Immunization Card;
  - ☐ Letter from the community clinic certifying full immunization of child;
  - ☐ Passport-size photograph of the child
  - ☐ Passport-size photograph of **each** parent/guardian
  - ☐ Passport of Parent / Guardian
  - ☐ Health Insurance

**N.B. If you are not the parent of the child/ren your application must be accompanied by a notarized letter from the parent(s) or other document that substantiates legal guardianship or custody of the child.**

All documents issued in a foreign language **must** be translated and certified, and the translation **must** be accompanied by the original documentation.

- 3) An Official Transcript from the school last attended, if applicable, should be sent directly from the Principal of that school, of the Ministry of Education through any of the following media:

Mailing Address: The Chief Education Officer  
Ministry of Education  
P.O. Box 72  
Road Town, Tortola VG1110  
VIRGIN ISLANDS

Electronic Mail: [admissions@vischools.edu.vg](mailto:admissions@vischools.edu.vg)

- 4) The Parent or Guardian **must** bring his/her passport with the application. It will be returned immediately after the necessary information has been verified.
- 5) Students will be admitted into school in September, at the commencement at the Advent term. Exceptional cases will be dealt with on an individual basis, by the Personnel who have that responsibility.
- 6) If applying for admission into a private school, this application must be accompanied by a letter from the requested school, stating the availability of space.
- 7) **THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN.**

**School Admission hours: 9:00 am – 3:00 pm**

**Submission Deadline:**

**Advent Term: 30th April**

**Lent Term: 30th November**

**For official use only**

**ADMISSION ID:** \_\_\_\_\_ of \_\_\_\_\_  
No. Year

Name: \_\_\_\_\_

*Last*                      *First*                      *Middle*

Mother's Place of Birth: \_\_\_\_\_

Father's Place of Birth: \_\_\_\_\_

BVI Status: ☐ BVIlander ☐ Belonger

BVI Status: ☐ BVIlander ☐ Belonger

Proof of Status: ☐ Birth Certificate ☐ Passport Photo Page  
Photo Page

Proof of Status: ☐ Birth Certificate ☐ Passport

*In case of an emergency the following contacts will be notified based on the order in which they are listed.*

**Medical Alerts:** ☐ Allergies \_\_\_\_\_ Blood Type: \_\_\_\_\_

Other Alerts: \_\_\_\_\_

*In case of an emergency the following contacts will be notified based on the order in which they are listed.*

Emergency Contact #1

Name: \_\_\_\_\_  
Last First Middle Initial

Relationship: ☐ Mother ☐ Father ☐ Guardian ☐ Other \_\_\_\_\_  
Contact Number \_\_\_\_\_ ☐ Home ☐ Work ☐ Cellular

Emergency Contact #2

Name: \_\_\_\_\_  
Last First Middle Initial

Relationship: ☐ Mother ☐ Father ☐ Guardian ☐ Other \_\_\_\_\_  
Contact Number \_\_\_\_\_ ☐ Home ☐ Work ☐ Cellular

Other Special Medical Considerations: \_\_\_\_\_  
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Type: ☐ Private Bus ☐ Government Funded ☐ Parents ☐ Walk ☐ Other \_\_\_\_\_

Bus Driver's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
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Attended Primary School in the Territory: ☐ YES ☐ NO

Name of Institution student last attended: \_\_\_\_\_

Date of Enrollment: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Last grade attended: \_\_\_\_\_

First Choice of School: \_\_\_\_\_

Second Choice of School: \_\_\_\_\_

Other family members attending school:

Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

School and Extra-Curricular Activities: ☐ Honour Roll ☐ Debate Club ☐ Choir ☐ Cheerleading  
☐ Basketball ☐ Softball/Baseball ☐ Rugby ☐ Karate ☐ Music ☐ Girl's Brigade  
☐ Boy's scouts ☐ Basketball ☐ Track and Field ☐ Tennis ☐ Other \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
*Signature (Please type/print full name if unable to sign)* *Date*

GRADE: ☐ Kindergarten ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4  
☐ Grade 5 ☐ Grade 6 ☐ Grade 7 ☐ Grade 8 ☐ Grade 9  
☐ Grade 10 ☐ Grade 11 ☐ Grade 12

ENTRY CODE: ☐ Original Entry ☐ Return from Last Year  
☐ Promoted ☐ Previous Drop Out  
☐ Transfer from Private School ☐ Transfer from out of Country  
☐ Transfer within District (Public School)

District of residence: \_\_\_\_\_

Student Number: \_\_\_\_\_

Officer: \_\_\_\_\_  
*Signature and stamp* *Date*