



## **Head Start Preparatory School**

Naggo Head Drive,  
Brigdeport PO Box 135  
St. Catherine  
Office: 876 988 6803  
Mobile: 876 489 6095  
Website: [www.headstartschoolja@yahoo.com](http://www.headstartschoolja@yahoo.com)

Place picture  
here

### **OFFICIAL USE ONLY**

Date: \_\_\_\_\_ Birth Certificate [ ] Immunization Card [ ] 2 Passport Size Pictures [ ]  
Registration Fee [ ] Assessment fee [ ] Mothers ID [ ] Fathers ID [ ] Medical Certificate [ ]  
Proposed date of entry \_\_\_\_\_ Proposed Grade level: \_\_\_\_\_

### **Students Information**

Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Male [ ] Female [ ] DOB (yyyy-mm-dd) \_\_\_\_\_ Nationality \_\_\_\_\_  
Address \_\_\_\_\_  
Denomination \_\_\_\_\_ Last School attended: \_\_\_\_\_  
NSRS # \_\_\_\_\_ ERN # \_\_\_\_\_ Birth Entry No \_\_\_\_\_

### **Mother's Information**

Name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ Tel \_\_\_\_\_ / \_\_\_\_\_  
Email: \_\_\_\_\_  
Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_

### **Father's Information**

Name of Father \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ Tel \_\_\_\_\_ / \_\_\_\_\_  
Email: \_\_\_\_\_  
Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_

### Guardianship and Custody Information

Name of Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Tel \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_

Please indicate which category best describes the nature of your relationship with the student.

Aunt/ Uncle [ ]    Brother/Sister [ ]    Grandparent [ ]    Caregiver [ ]    Foster Parent [ ]

### Previous School Information.

Previous School Attended: \_\_\_\_\_ Grades and dates attended \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Grades and dates attended \_\_\_\_\_

Has your child received either of the following?

Remedial Assistance    Yes [ ]    No [ ]    Repeated a grade: Yes [ ]    No [ ] if yes which \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

### Emergency Contact Information (other than the parent/guardian)

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_



I agree to abide by the rules of the school and in the event that I withdraw my child, I will give one term's notice in writing.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

List of individuals who may collect \_\_\_\_\_ from school:

1. \_\_\_\_\_ relation to above is \_\_\_\_\_ . Tel # \_\_\_\_\_
2. \_\_\_\_\_ relation to above is \_\_\_\_\_ . Tel # \_\_\_\_\_

I \_\_\_\_\_ do declare that the information provided is correct.

Parents Signature \_\_\_\_\_

#### Medication Permit Form

I \_\_\_\_\_ give permission to Head Start Basic and Preparatory School to administer to my child/ward \_\_\_\_\_ any medication which is prescribed by a doctor and clearly labeled for him/her and also to perform any emergency medical treatment on my child/ward.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

#### Photograph Permit Form

I \_\_\_\_\_ give permission to Head Start Basic and Preparatory School to take and use photographs of my child/ward \_\_\_\_\_ to be used in any school enhancing programmes.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

#### Policy Booklet Acknowledgement Form

I/we \_\_\_\_\_ have read a copy of the Head Start Basic and Preparatory Schools' policy booklet.  
I/we understand all the rules and agree to abide by them.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# Head Start Preparatory School Order Sheet

Students Name \_\_\_\_\_

Date \_\_\_\_\_

Parents Number \_\_\_\_\_

Grade \_\_\_\_\_

Item	Size	Quantity	Colour	Comment
P.E Shirt				
P.E Shorts			_____	
White shirts (Friday shirts)			_____	
Uniform Blouses(girls)			_____	
Uniform Shirts(boys)			_____	
Uniform Skirts			_____	
Uniform Pants			_____	
Tie			_____	
Socks			_____	
Crests			_____	

## Official use only

Girls	
Bust	
Waist	
Hip	
Length	
Blouse length front	
Blouse Length back	

Boys	
Waist	
Hip	
Length	

Total \_\_\_\_\_

\_\_\_\_\_  
Administrators Signature

\_\_\_\_\_  
Parents Signature