SCHOLASTIC ACADEMY

Application for Admission

#8A Austin Street, St. Augustine
Phone: 233-8159
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Website: www.scholasticacademytt.org

PLACE PICTURE HERE

SECTION 1: CHILD'S PERSONAL DETAILS

Child's Name		
Sex	Male ( ) Female ( )	
Age	Date of Birth:	
Place of Birth		Nationality:
Address		
Religion		

With whom does the child live? Mother ( ) Father ( ) Guardian ( )

Name and classes of any brother(s)/sister(s) already attending the school:

_____
_____
_____

SECTION 2: ACADEMIC DETAILS

Name(s) of school(s) attended in the past and dates of attendance:

Name of School	Class	From	To	
Present School				

Length of time at present school_____Present Class _____

Length of time in present class _____

Class in which admission is being sought _____

Reason for leaving _____

SECTION 3: PERSONALITY AND HEALTH

Please provide details of any special aspects of your child's personality:

_____

_____

_____

_____

Please provide information if your child has any health problem requiring special attention:

_____

_____

_____

_____

_____

SECTION 4: PARENT / GUARDIAN DATA

Father's Name			
Father's ID #			
Profession			
Organization			
Home Address			
Office Address **Office**			
Telephone **Home Phone**		**Fax No.** **Cell Phone**	
Email:			
Name of			
Recommender **Occupation**			

Mother's Name			
Mother's ID #			
Profession			
Organization			
Home Address			
Office Address			
Office Telephone		**Fax No.**	
Home Phone		**Cell Phone**	
Email:			
Name of Recommender			
Occupation			

Legal Guardian's Name			
Legal Guardian's ID #			
Relationship to Child			
Profession			
Organization			
Home Address			
Office Address **Office**			
Telephone		**Fax No.**	
Home Phone		**Cell Phone**	
Email:			
Name of Recommender			
Occupation			

N.B. This information is only relevant if the child does NOT live with his/her biological parents. Legal documents must be presented as proof of guardianship.

SECTION 5: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

_____ _____

Signature of Parent/ Guardian *Date*

Signatory's Name (PLEASE PRINT): _____

Signatory's Relationship to the Child: _____

SECTION 6: ADMISSIONS PROCEDURE

1. ***The completed admission form along with the copies of birth and health certificates, 3 passport size photographs and the registration fee (non-refundable) must be submitted to the school office.***
2. ***After the admission from has been processed, a date is given for applicant's assessment.***
3. ***Parents are informed of the outcome within one week of the written test date. If a place is offered, the child's admission / enrolment must be confirmed and all dues paid within 3 days of date of offer.***
4. ***If, within three days, enrolment is not confirmed, the child's place is offered to another candidate.***

FOR OFFICIAL USE ONLY

Form Check By				**Registration Fee Paid On:**
Birth Certificate Provided	**Yes:**			**Cash**
Photograph Provided	**Yes:**			**Or Cheque No:**
School Leaving Certificate	**Yes:**			**Admission Fee:**
Written Test	**Pass:**	**Fail:**		**Tuition Fee:**
Date:				**Security Deposit:**
Child Interviewed By:				**Total Cash:**
Parent Interviewed By:				
Acceptance / Rejection	**A**	**R**		
Signature Accountant				
Reason For rejection:				