

WOLMER'S PREPARATORY SCHOOL

10 Connolley Avenue, Kingston 4 Telephone: (876) 922-5316 / 876-538-0866

Email: wps@wolmers.org

Website: www.wolmers.org/wps

PASTE PASSPORT SIZE PHOTOGRAPH HERE

APPLICATION FORM

INSTRUCTIONS: Please read carefully and complete all s	sections of the form.	In the areas that are	not applicable, p	olease write NO
APPLICABLE.				
STU	UDENT INFORMATI	ON		

	NAME(S) OF CHILD		E(S) OF CHILD	
AGE:	DATE OF BIRTH: (D)(M)(Y)	. GENDER: MALE	() FEMALE () RELIG	IOUS AFFILIATION
ADDRE	SS OF STUDENT:			
NAME (OF SCHOOL/DAYCARE LAST ATTENDE	ED:		
LAST G	RADE:STUDENT REG	SISTRATION NUMB	BER (SRN):	
		FAMILY INFO	RMATION	
MOTHE	R'S NAME:	G	GUARDIAN'S NAME	
TEL#:(C	ell)(Work)	(Home)	E-mail:	
ADDRE	SS (IF DIFFERENT FROM CHILD)			
NAME (OF MOTHER'S PLACE OF EMPLOYMEN	T/EMPLOYER:		
	SS OF MOTHER'S PLACE OF EMPLOYN			
	ATION OF MOTHER			
FATHER	R'S NAME:		GUARDIAN'S NAMI	E
TEL#:(C	ell)(Work)	(Home)	E-mail:	
	SS (IF DIFFERENT FROM CHILD)			
NAME (OF FATHER'S PLACE OF EMPLOYMENT	T/EMPLOYER:		
ADDRE	SS OF FATHER'S PLACE OF EMPLOYM	IENT/EMPLOYER .		
OCCUP	ATION OF FATHER		WOLMER'S ALUMN	 II: YES (), NO ()
STUDE	NT LIVES WITH: FATHER (), MOTHER	(), BOTH PAREN	TS()GUARDIAN()	
NAME (OF PERSON(S) RESPONSIBLE FOR PA	YMENTS		
	<u> </u>	EMERGENCY/PICK	-UP CONTACTS	
	OF FIRST EMERGENCY CONTACT (DIFI PARENT(S)/GUARDIAN(S))	FERENT	NAME OF SECOND I FROM PARENT(S)/G	EMERGENCY CONTACT (DIFFEREN UARDIAN(S))
ADDRE	SS OF FIRST EMERGENCY CONTACT		ADDRESS OF SECO	ND EMERGENCY CONTACT
TFI FDL	HONE OF FIRST EMERGENCY CONTAC		TEI EDHONE OF SEC	COND EMERGENCY CONTACT
PICK UF	P PERSON/S			
11	Tge Quod 1 "Whatever you do, do it well	1 - "		
	+ A.K. NIMMA	+ CUS		And the second s

A Member of the Wolmer's Trust Group of Schools

CO-CURRICULAR AND EXTRA CURRICULAR ACTIVITIES

Select any one (1) co-curricular activity that you child/ward to participate in during the current a	academic yea	ar. your child (Please n	I to participate ote that each o	llar activities in which you wish for during the current academic year. extra-curricular activity is at an		
I wish for my child to participate in one (1) co- enrolling in:	curricular act		,	rticipate in the W.A.S.B.by appelling		
4-H	4-H I wish for my child to participate in the W.A.S.P by enrolling in the following after-school activities:					
Creative Arts Club (Art and Craft, Creative Performing Arts)	Creative Arts Club (Art and Craft, Creative Writing,			After Care (Pre-School - Intermediate)		
Builders Club		Dance				
				Chess		
Environmental Club			Extra Lessons (Grades 1 - Grade 6)			
Quiz/Mathematics Club		Football (Grades 1 - Grade 6)				
Spelling Bee		Gymnastics				
Sports Club	Sports Club			Karate		
STEM and Board Games Club						
			Piano			
			Swimming			
to submit the application on behalf of the child/changes to the information already provided an requested to do so by the institution. I also under the child of	id to update t	the information on this	form and any a	associated documents whenever		
SIGNATURE OF APPLICANT				DATE		
	<u>OF</u>	FICIAL USE ONLY				
	DATE	SIGNATURE OF	DATE	SIGNATURE OF PERSON		
DOCUMENTS RECEIVED	RECEIVED	SCHOOL PERSONNEI RECEIVING ORIGINAI	1	COLLECTING ORIGINAL DOCUMEN FROM SCHOOL PERSONNEL		
ASSESSMENT REPORT (ENRICHMENT/SEND)		INCOLIVING ONIGINAL	KETOKKED	TROM CONCOL PERCONNEL		
BIRTH CERTIFICATE						
IMMUNIZATION CARD						
LAST SCHOOL REPORT						
LETTER OF GUARDIANSHIP						
MEDICAL INFORMATION FORM						
ID OF MOTHER						
ID OF FATHER						
ID OF GUARDIAN(S)			1			
PARENT CHARACTER REFERENCE FORM						
N.S.R.S CARD						
STUDENT REFERENCE FORM (PRINCIPAL)						
STUDENT REFERENCE FORM (TEACHER)	001151	TION OF BESIETS !=	<u> </u>			
WIDE CTUDENT ID NUMBER	COMPLE ERN:	TION OF REGISTRATI	UN			
WPS STUDENT ID NUMBER:		SIGNED: ALDEDOA / \		/ \MOODY / \CKEMPTON / \		
GRADE ASSIGNED: REGISTRATION PACKAGE ISSUE DATE:	INCUSE ASS	INGNED: ALDERGA ()	ID ISSUE DA	()MOODY()SKEMPTON()		
	-			I L.		
COMMENTS:						
NAME OF SCHOOL REPRESENTATIVE:						
SIGNATURE OF SCHOOL REPRESENTATIV	E:		DATE :	V01/2022		