

QUEEN'S COLLEGE

ADMISSION FORM

FOR OFFICIAL USE ONLY

Registration Number
Form On Entry
House
Admission Date

INSERT PHOTO
HERE

A. STUDENT'S PARTICULARS

Last Name	First Name	Other Names
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Date of Birth _____ Gender _____

Permanent Address _____

Temporary Address _____

Telephone Number _____

Entry Basis NGSA TRANSFER RE-MIGRATION SIXTH FORM

NGSA Marks _____

No. of CSEC Subjects _____

School Last Attended _____

Has any close relative attended (or is attending) Queen's College? _____

If "YES": Relationship _____

House _____

The following Clubs/Societies Exist

Name of Club and Society	Interested
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Library and Debating Society	
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Bible Club	
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Hindu Society	
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Islamic Society	
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Environmental Club	
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Queen's College Scout Troupe	
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Tour Club	
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Sports Clubs

Cricket Club

Football Club

Table Tennis Club

Volley Ball Club

Chess Club

Basketball Club

Hockey Club

Music Club	
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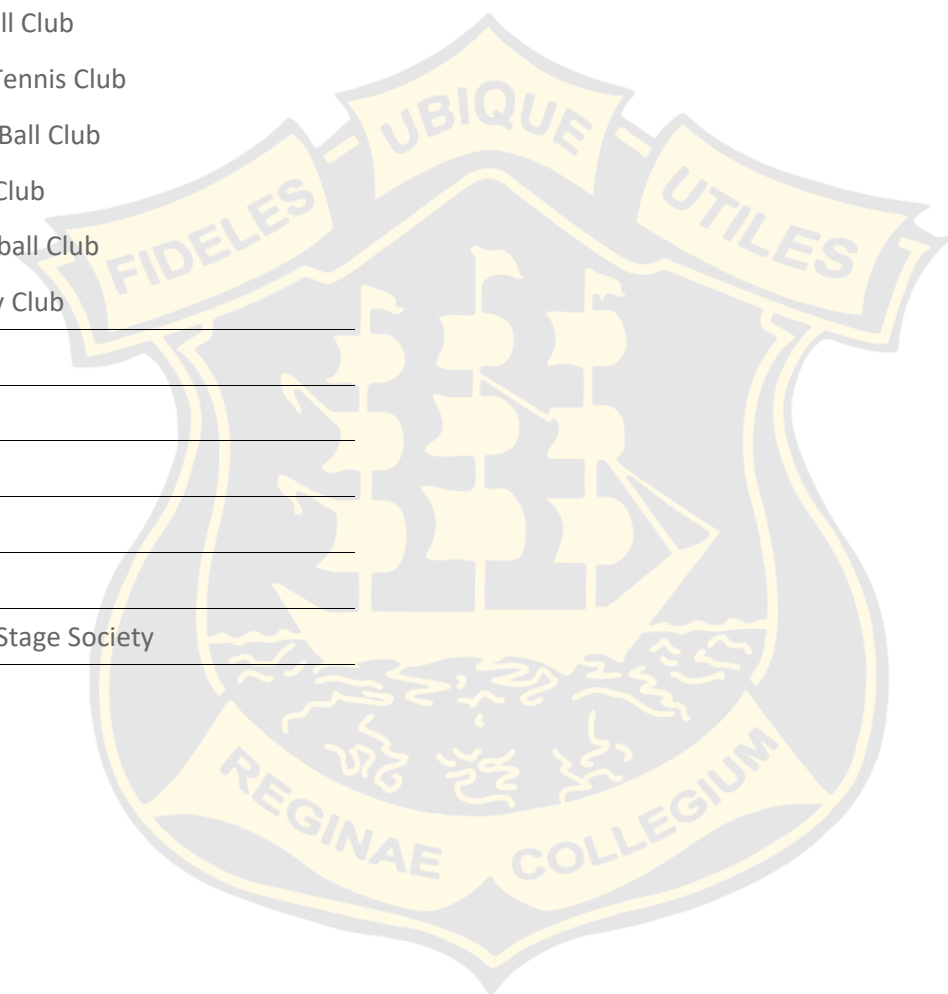
Dance Club	
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Art	
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Law Society	
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Stem Club	
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Lictorlive & Stage Society	
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B. PARENT'S PARTICULARS

1. Mother's Name _____
Occupation _____ Place Of Employment _____
Telephone Number: Office _____ Cellular Phone: _____
Email Address _____
2. Father's Name _____
FOccupation _____ Place Of Employment _____
Telephone Number: Office _____ Cellular Phone: _____
Email Address _____
3. Guardian's Name _____
Occupation _____ Place Of Employment _____
Telephone Number: Office: _____ Cellular Phone: _____
Email Address: _____
4. Size Of Family _____ Position of Child among Siblings: _____
State Order of Children by Gender: _____

C. MEDICAL INFORMATION

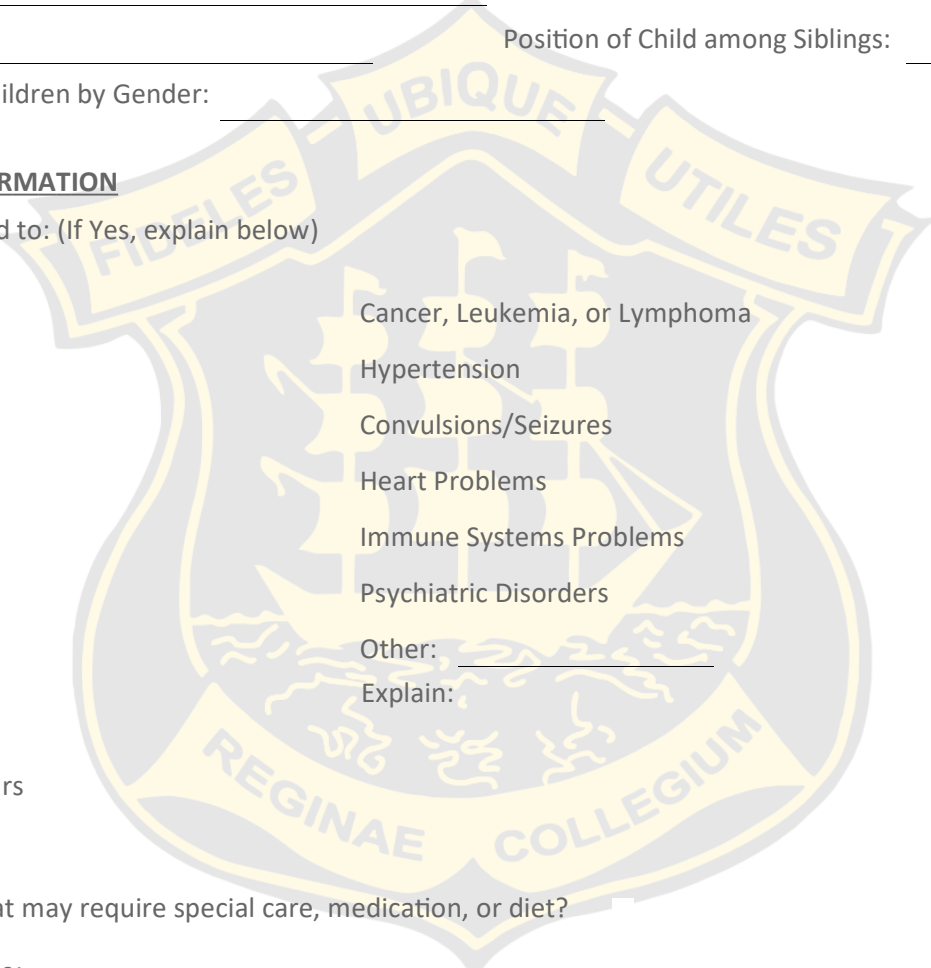
Has or is subjected to: (If Yes, explain below)

- | | |
|--|-------------------------------|
| Asthma | Cancer, Leukemia, or Lymphoma |
| Bronchitis | Hypertension |
| Diabetes | Convulsions/Seizures |
| Fainting Spells | Heart Problems |
| Allergies to food, plant, animal, or insect toxin, medicines | Immune Systems Problems |
| Anemia | Psychiatric Disorders |
| Bleeding Disorders | Other: _____ |
| | Explain: _____ |

Any condition that may require special care, medication, or diet?

If Yes, please state:

Blood Group _____ RHFactor _____



D. IMMUNIZATION

Immunization Card submitted

Were the child/ward immunized for the following:

	Year
Tetanus	_____
Chicken Pox	_____
Hepatitis A	_____
Hepatitis B	_____
Yellow Fever	_____
DPT	_____
MMR	_____
Polio	_____
Typhoid	_____

E. PARENTAL STATEMENT

Has it ever been necessary to restrict applicant's activities for medical reasons?

EXPLAIN:

F. EMERGENCY CONTACT INFORMATION

In case of an emergency, contact

Name _____	Relationship _____
Emergency Contact's Phone: Cell: _____	Office: _____ Home: _____
Name _____	Relationship _____
Emergency Contact's Phone: Cell: _____	Office: _____ Home: _____

To the best of my knowledge, the information in sections A, B, C, D and E is accurate and complete. I give my permission for full participation in the activities of the College, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be initiated without delay as judgement of medical personnel dictates. I understand that, in the event of an illness or injury all efforts would be made to reach me or any other emergency contact as submitted herein.

Parent/Guardian must sign:

Parent/Guardian: _____ Date signed: _____

AGREEMENT FORM

TO THE PRINCIPAL: QUEEN'S COLLEGE

I agree to my son/daughter/ward: _____

becoming a student of Queen's College and by my signature below agree to comply with the following conditions:

- I. To be knowledgeable of the College's Rule Book.
- II. To work with my Child/ward in understanding and observing All the rules of the College.
- III. To uphold the practices, culture and tenets of Queen's College.
- IV. To withdraw him/her if he/she fails to earn promotion for two (2) successive years.
- V. To submit him/her for MEDICAL EXAMINATION whenever the Principal so requests.
- VI. To ensure he/she is involved in at least two (2) service Clubs or Societies.

Parent/Guardian must sign

Parent/Guardian: _____ Date signed: _____

Student must sign:

Student: _____ Date signed: _____

