



# HAMPTON SCHOOL

Malvern P.O., St. Elizabeth  
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Hampton@cwjamaica.com  
www.hamptonschool.edu.jm

**Chairman:** Dr. Karen McMillan-Tyme, B.Ed., M.Sc., Ed.S., Ed.D.

**Principal:** Dr. Mahvell Charlton- Brown, Dip. Ed. (Hons.), B.A. (Hons.), M.Ed., M.A., P. Grad. Cert., Ph.D.

The Transfer Application Period opens on May 30 each year.

The DEADLINE for submission of the Transfer Application form is June 30 of each year.

For each transfer application, a non-refundable Processing Fee of \$1500 JMD is to be paid.

Kindly pay fee to any National Commercial Bank (NCB) Branch.

**Account Number:** 891007604  
**Account Name:** M&DT - Hampton School  
**Type:** Chequing  
**Branch:** Santa Cruz Branch

Payments can be made in-branch, at the ATM OR online. Kindly email a copy of your receipt to [receivablehampton@gmail.com](mailto:receivablehampton@gmail.com) and copy to [schoolfeereceipts.hampton@gmail.com](mailto:schoolfeereceipts.hampton@gmail.com).

**NOTE: An Application for Transfer DOES NOT guarantee the provision of a space at Hampton School.**

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### Academic Requirements:

- A minimum percentage attainment of 80% of the total PEP Assessment for Grade 7 Applicants.
- A minimum percentage attainment of 80% of the total PEP Assessment **and** an academic average of 80% on the last two (2) school report cards for Grade 8 & 9 Applicants.

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### TRANSFER APPLICATION FORM

This form is to be completed by the legally appointed parent/guardian of the student. This form **MUST** be completed in its entirety. If it is discovered that any information given is false or inaccurate in any way, this will render your application void and the candidate **WILL NOT** be considered for acceptance.

**NOTE: Students who are successfully placed at Hampton School by way of Transfer Application are required to acquaint themselves with the contents of the Student Handbook and thereby, the rules and standards of conduct and performance of Hampton School, to which they are expected to conform.**

### PART ONE:

#### Student Personal Information

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- (a) Student's Name: \_\_\_\_\_
- (b) Date of Birth: \_\_\_\_\_ (c) Age at last birthday: \_\_\_\_\_
- (d) Student's Address: \_\_\_\_\_
- (e) Name of last school attended: \_\_\_\_\_
- (f) Last grade the student was enrolled: \_\_\_\_\_
- (g) Was the student a member of any club or society at the last school? (State if yes): \_\_\_\_\_
- (h) Does the student suffer from any medical condition? (State the condition if yes): \_\_\_\_\_

*This form continues on the next page.*

**PART TWO:**

**Parent/Guardian Information**

(a) Mother's Name: \_\_\_\_\_ (b) Occupation: \_\_\_\_\_

(c) Address: \_\_\_\_\_

(d) Cell#: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

(e) Father's Name: \_\_\_\_\_ (f) Occupation: \_\_\_\_\_

(g) Address: \_\_\_\_\_

(h) Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

*If student does not live with mother and/or father, please give the information for the person with whom the student lives below.*

(i) Guardian's name: \_\_\_\_\_ (j) Occupation: \_\_\_\_\_

(k) Address: \_\_\_\_\_

(l) Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

*This form continues on the next page.*

**PART THREE:**

**External Examination Results**

***PEP Results***

***GSAT Results***

<b><i>Subject</i></b>	<b><i>Grades Received</i></b>
Mathematics	
Social Studies	
Science	
Language Arts	
Ability Test	
Total Placement Score	

<b><i>Subject</i></b>	<b><i>Grades Received</i></b>
Mathematics	
Social Studies	
Science	
Language Arts	
Communication Task	

**Please be reminded that a copy of the student's last two (2) reports from her last school attended MUST be submitted with this document.**

**PART FOUR:**

**Statement of Interest**

*Indicate why you are seeking to transfer your child to Hampton School. You can select more than one option where applicable.*

- My child has completed her mandatory 5 years and I would now like her to repeat Grade 10 and re-sit CSEC.
- I was asked by the principal of my child's previous school to find a new environment for my child.
- I am seeking a school closer to where I reside.
- I need a change of school environment for my child.
- My child was expelled from school.
- Our family has relocated to the vicinity of Hampton School.
- I have recently assumed responsibility for the child and I am now enrolling her in school.
- I feared for my child's safety at her previous school.
- I have heard of the programs offered by Hampton and would like my child to benefit from these programs.
- I have another child who attends the school and would like to move my child to Hampton for that reason.

*This form continues on the next page.*

**PART FIVE:**

**Boarding**

**Spaces for transfer placements are few and are prioritized for Applicants who will Board at Hampton School.**

**Transferees who register for PEP and/or live outside of an 18 km radius of Hampton School are required to board on the compound.**

NOTE: Boarding is a Condition of Transfer Placement.  
(Check Box, if applicable)

A.  My daughter **WILL** board at Hampton School if this transfer application is approved.

B.  I \_\_\_\_\_ (Name of Parent/Guardian of Applicant) hereby seek a place in Hampton School for my daughter/ward \_\_\_\_\_ (Name of Transfer Applicant). I accept that spaces for transferred students are few and accept Boarding at Hampton School as a condition of her transfer.

\_\_\_\_\_ (Signature of Parent/Guardian of Transfer Applicant)

C.  The completed Boarding Application Form is attached to this Transfer Application Form.

**NOTE:**

- Transferred students are allowed two (2) options only for the payment of Boarding Fees: Termly or Annually.
- **Boarding Fees are non-refundable** where a Transferee **withdraws** from Boarding, of her OR her parents' **own volition**.

**PART SIX**

**Withdrawal Agreement**

I \_\_\_\_\_ (name of Parent/Legal Guardian) hereby agree that where my daughter/ward \_\_\_\_\_ (name of transferred student) refuses to conform to the rules and standards of Hampton School, upon consultation with the Principal and the relevant representative/s of the Board of Management, to withdraw \_\_\_\_\_ (name of student); thereby rescinding the process of transfer.

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

**PART SEVEN:**

**Declaration**

Condition for Review of Application

N.B. The Transfer Application Form **MUST BE COMPLETED** in its entirety and be accompanied by **ALL** required documents in for the application for space to be reviewed for possible consideration.

As the parent/guardian of the above-named student, I hereby declare that all the information stated by me in this document is true and accurate and that I have read and understood the conditions for the Review of this Application.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_