



## Munro & Dickenson Trust

HAMPTON SCHOOL

Malvern P.O.

St. Elizabeth

876-966-5161/3; hamptonschool.high.seh@moey.gov.jm

### ADMISSION FORM

Kindly submit the following documents with this completed Admission Form:

- 1 Birth Certificate (**Certified Copy**)
2. Immunization Card (**Certified Copy**)
3. Last Report from school previously attended (Original and Copy)
4. Two (2) passport size photographs
5. Recommendation from Principal/Teacher of previous school
6. Students Medical Report & Medical Consent Form
7. Student Registration Number (SRN) Card (Copy)
8. Club Selection Form
9. Boarding Application Form (If necessary)

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Boarder:  [Not Guaranteed] Day Student:

Nationality: \_\_\_\_\_ Proposed Term of Entry: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Tel. No : \_\_\_\_\_

Religious Denomination (of Parent/Child): \_\_\_\_\_

Other Contact Persons/Numbers in case of emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Tel. No. to receive Text Messages (SMS) from Hampton School: \_\_\_\_\_

*If my daughter is admitted to the School, we agree to be bound by such rules and regulations as may be in force at the School throughout her school career.*

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

DD/MM/YYYY

Signature (Student): \_\_\_\_\_