

9 JACKSON STREET DENBIGH  
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CLARENDON



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## NEW STUDENT REGISTRATION FORM

SCHOOL YEAR: _____	ENTRY YEAR: (DD/MM/YYYY) _____	Grade Registering For: _____
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**TO BE COMPLETED BY PARENT OR GUARDIAN AND RETURNED UPON THE DATE OF REGISTRATION**

SECTION 1. STUDENT INFORMATION									
Last Name:			First Name:				Middle Name:		
Date of Birth (DD/MM/YYYY):		Gender:	M	F	Age:		Nationality:		Religion/Christian Denomination
Birth Certificate Registration Number:			TRN:			Immunization Status:			
						Fully Immunized		Partially Immunized	Not Immunized
Home Address:									
E-Mail:				Home Telephone#:			Cell Phone#:		
Please indicate with whom the Child lives:      Father      Mother      Guardian      Other:									
Last School Attended School:				Address:				Last Class:	
<b>Siblings Currently Enrolled At Denbigh High</b>		Name:					Form/Class:		
SECTION 2. PARENT/GUARDIAN INFORMATION									
FATHER'S INFORMATION									
Father's Name:				Nationality:			Occupation:		
Home Address:									
E-Mail:				Home Telephone#:			Cell Phone#:		
Place of Employment:						Telephone#:			
MOTHER'S INFORMATION									
Mother's Name:				Nationality:			Occupation:		
Home Address:									
E-Mail:				Home Telephone#:			Cell Phone#:		
Place of Employment:						Telephone#:			
GUARDIAN'S INFORMATION									
Guardian's Name:				Nationality:			Occupation:		
Home Address:									
E-Mail:				Home Telephone#:			Cell Phone#:		
Place of Employment:						Telephone#:			
SUBMISSION OF FORM									
Signing the form below indicates that: <ul style="list-style-type: none"> <li>The information above is true and correct to the best of my knowledge.</li> <li>I understand and accept that the Registration/Application fee is NON-REFUNDABLE.</li> <li>I understand and accept that any inaccurate information will lead to the revocation of any offer of admission.</li> <li>I understand and accept that absence of the documents listed below will mean that the registration/application is incomplete and therefore not valid for processing:</li> </ul>									
_____					_____				
Signature of Parent/Guardian					Date: (dd/mm/yyyy)				

FOR OFFICE USE ONLY						
<b>The following documents have been received:</b>					<b>PAYMENTS</b>	
Agreement Form		Birth Certificate	Dental Form		<b>Registration Fee</b>	<b>YES</b>
						<b>NO</b>
Immunization Card		Medical Form	TRN		<b>School Support Contribution</b>	
Recommendation Letter		PP Size Photograph	<b>FULL</b>	<b>PART</b>	<b>P.A.T.H</b>	
<b>Registering Officer</b>			<b>Date (dd/mm/yyyy)</b>		<b>Amount \$</b>	