

9 JACKSON STREET DENBIGH
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CLARENDON



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RETURNING 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:					
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#:	
SECTION 3. SUBMISSION OF FORM					
Signing the form below indicates that:					
<ul style="list-style-type: none"> • The information above is true and correct to the best of my knowledge. • I understand and accept that the Registration/Application fee is NON-REFUNDABLE. • I understand and accept that any inaccurate information will lead to the revocation of any offer of admission. • 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: 					
_____				_____	
Signature of Parent/Guardian				Date: (dd/mm/yyyy)	

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