

For Official Use Only

APPLICATION FEE	
BIRTH CERTIFICATE	
BAPTISM CERTIFICATE	
NATIONAL REG. CARD	
TEACHER RECOMM. FORM	
IMMUNIZATIONS	
ACCEPTANCE LETTER	
DEPOSIT	
BILL	
CLASS REQ. LIST	



URSULINE CONVENT SCHOOL
ST. ANGELA'S

Collymore Rock, St. Michael, Barbados

APPLICATION FORM
FEE OF \$25.00 PAYABLE ON APPLICATION
PLEASE PRINT ALL INFORMATION

CHILD'S SURNAME..... **OTHER NAMES**.....
(Underline name child is called by)

SEX..... DATE OF BIRTH: MO.....DATE.....YR..... NAT. REG. #

COUNTRY OF BIRTH..... ADDRESS.....

* NON-NATIONAL students **MUST** have a current **Student's Visa** from Immigration Dept. to be in school.

RELIGIOUS DENOMINATION..... DATE OF BAPTISM: MO.....DATE.....YR.....

CURRENT SCHOOL..... REFERRED BY.....

SIBLINGS PRESENTLY IN ENROLLED AT UCS.....

Is mother a past pupil of St. Ursula's?..... If 'YES', Give details and house colour.....

FATHER'S SURNAME..... OTHER NAME HOME TEL#.....

HOME ADDRESS..... COMPANY NAME.....

WORK TEL #..... CELL#..... OCCUPATION.....

NATIONALITY..... RELIGIOUS DENOMINATION..... **E Mail**.....

MOTHER'S SURNAME..... OTHER NAME MAIDEN NAME.....

HOME ADDRESS..... HOME TEL#..... CELL #.....

COMPANY NAME..... OCCUPATION..... WORK TEL#.....

NATIONALITY..... RELIGIOUS.DENOMINATION..... **E Mail**.....

(If applicable) **GUARDIAN'S** NAME.....

ADDRESS..... HOME #.....

COMPANY NAME..... WORK TEL#..... CELL#.....

OCCUPATION..... NATIONALITY..... RELIGIOUS DENOMINATION.....

RELATIONSHIP TO CHILD..... **E Mail**.....

IF NEITHER PARENT/GUARDIAN CAN BE REACHED, EMERGENCY CONTACT IS:

NAME.....

HOME TEL #..... WORK #..... CELL #.....

DOES YOUR CHILD SUFFER FROM **ALLERGIES?** (Specify).....

CHRONIC ILLNESSES?..... **PHYSICAL DISABILITIES?**.....

EDUCATIONAL DELAYS OR CONCERNS.....

OTHER INFORMATION SCHOOL SHOULD HAVE.....

I agree to abide by all the regulations of the School. I undertake to pay the School fees by the **first week of each term**, and I understand that a term's notice (or a term's fee in lieu of notice) is required before withdrawal.

Date of Application: MO.....DATE.....YR..... SIGNATURE OF PARENT/GUARDIAN.....

[] Interviewed _____ [] Place offered _____ NB: _____