



**URSULINE CONVENT SCHOOL
ST. FRANCIS**

Collymore Rock, St. Michael, Barbados

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

For Official Use Only

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

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

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.....

BSSEE MARKS (11+).....CURRENT SCHOOL.....

SIBLINGS PRESENTLY IN ENROLLED AT UCS.....

IS MOTHER A PAST PUPIL OF ST. URSULA'S?..... IF 'YES', Give years of attendance, name and house colour.

REFERRED BY..... Are you receiving a BURSARY from the Ministry of Education?.....

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 #.....

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:

FULL NAME.....

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

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

CHRONIC ILLNESSES?..... **PHYSICAL DISABILITIES?** (Specify).....

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: _____