



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 agree to pay the School fees promptly 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 I withdraw the child from the school.**

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

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