



**URSULINE CONVENT SCHOOL**

**ST. URSULA'S**

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 also 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**.....