

FAMILY DATA

	Last Name	First Name	Miss/ Mrs/ Dr/ Rev/ Other
Name of Father/ Male Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation

Place of Work/
Company

Address of Work

E-Mail: Father/
Male Guardian

Phone	Work	Cell	Marital Status	Single	Married	Divorced	Widowed	Separated	Common Law
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Last Name	First Name	Miss/ Mrs/ Dr/ Rev/ Other
Name of Mother/ Female Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation

Place of Work/
Company

Address of Work

E-Mail: Mother/
Female Guardian

Phone	Work	Cell	Marital Status	Single	Married	Divorced	Widowed	Separated	Common Law
	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Lives With

Both Parents	Mother	Father
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Father/ Guardian _____

Ages of Brothers

Signature of Mother/ Guardian _____

Ages of Sisters

Signature of Other Authorized Person _____

Relationship of Other Authorized Person to Student _____

Telephone Contacts _____

FOR OFFICIAL USE ONLY

<input type="checkbox"/> REPORTS FROM PREVIOUS SCHOOL SEEN	<input type="checkbox"/> APPLICATION FEE PAID	<input type="checkbox"/> BIRTH CERTIFICATE RECEIVED (Copy)
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<input type="checkbox"/> COPY OF CXC/GCE GRADE SLIP(S)	<input type="checkbox"/> SCHOOL RECOMMENDATION LETTER
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<input type="text"/>	DATE OF ENTRY	<input type="text"/>	DATE OF EXIT
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NOTE: ALL INFORMATION MUST BE SUBMITTED WITH THE APPLICATION FORM