



# Hosanna Preparatory School

9 Coke Avenue, Brandon Hill  
Montego Bay, St. James  
Telephone: (876) 971-2233 / 952-2234  
Email: [hosannaprepschool@hotmail.com](mailto:hosannaprepschool@hotmail.com)

## STUDENT ADMISSION FORM

In order to serve you better we have designed this form to capture as much information as possible about your child. Please fill in all the relevant data. The information provided here will be kept in the strictest confidence.

REFERENCE NO.....

DATE.....



### BASIC DEMOGRAPHIC INFORMATION

NAME OF CHILD..... SEX.....

PET NAME..... PLACE IN FAMILY..... NO. OF SIBLINGS.....

DATE OF BIRTH..... BIRTH CERTIFICATE NO.....

IMMUNIZATION NO.....

### PARENTS INFORMATION

MOTHER'S NAME..... PHONE NO.....

ADDRESS.....

OCCUPATION..... WORK ADDRESS.....

..... WORK NO.....

EMAIL.....

FATHER'S NAME..... PHONE NO.....

ADDRESS.....

OCCUPATION..... WORK ADDRESS.....

..... WORK NO.....

EMAIL.....

**EMERGENCY INFORMATION**

NAME OF EMERGENCY CONTACT.....

TELEPHONE NUMBER.....

RELATIONSHIP TO CHILD.....

**EMERGENCY INFORMATION**

NAME OF EMERGENCY CONTACT.....

TELEPHONE NUMBER.....

RELATIONSHIP TO CHILD.....

**AUTHORISED PEOPLE WHO MAY COLLECT YOUR CHILD**

We will only release your child into the care of another person if you have informed us, of their details.

NAME.....

NAME.....

RELATIONSHIP.....

RELATIONSHIP.....

PHONE NO.....

PHONE NO.....

NAME.....

NAME.....

RELATIONSHIP.....

RELATIONSHIP.....

PHONE NO.....

PHONE NO.....

**EMERGENCY MEDICAL CONSENT**

*I hereby give consent for the institution to seek all forms of medical and/or surgical treatment and/or other medical procedures for the above named child which may be required during my absence. I agree to pay for all services provided to my child in my absence. In the event that during treatment my child is injured I waive all rights to pursue legal action. This authorization shall be effective as at today's date unless revoked by me.*

**PARENT/S NAME/S**

.....

SIGNATURE

SIGNATURE

DATE.....

DATE.....

**SPECIAL CONSIDERATIONS**

SPECIAL EDUCATIONAL NEEDS (as identified by a relevant education professional)?

YES ( ) NO ( ).....

SPECIAL DIETARY NEEDS

YES ( ) NO ( ).....

FOOD ALLERGIES

YES ( ) NO ( ).....

DRUG ALLERGIES

YES ( ) NO ( ).....

A SEVERE LONG TERM MEDICAL NEED?

YES ( ) NO ( ).....

*If you have answered yes to any of the above, you must provide further information on the back of this form or on a separate sheet, together with copies of all relevant supporting documentation.*

I/WE WILL INFORM THE INSTITUTION IN WRITING WHEN ANY OF THE INFORMATION CONTAINED ON THIS ENROLLMENT FORM CHANGES.

Signed..... Date.....

Signed..... Date.....