ASCOT HIGH SCHOOL

Sector 1 North, Greater Portmore
St. Catherine, Jamaica
Telephone: (876)-649-0526/ (876)-579-0082
School Email: ascot.high.sce@moey.gov.jm
School Website: https://ascothigh.edu.jm/

School Motto:

Working for Success

RE-REGISTRATION FORM

Please complete the form filling in all the applicable fields. Use capital letters when filling in the names.

STUDENT PERSONAL INFORMATION

Last Name:	**Christian Name:**	**Middle Names:**
Date of Birth:	**Sex: ☐ Male ☐ Female**	**Birth Certificate No:**
Address:		
Clubs/Societies/Extra-curricular Activities:		**Current Class:**
Tax Registration Number (for child)	**National Student Registration Number**	
Religious Denomination:		

UPCOMING GRADE: ☐ **Grade 8** ☐ **Grade 9** ☐ **Grade 10** ☐ **Grade 11** ☐ **Grade 13**

STUDENT PARENT/GUARDIAN INFORMATION

Name of Mother				**Mother's Occupation**
Mother's Address (if different from child's address)				
Mother's Contact	**Cell**	**Home**	**Work**	**Email**
Name of Father				**Father's Occupation**
Father's Address (if different from child's address)				
Father's Contact	**Cell**	**Home**	**Work**	**Email**

If the parents are not responsible for the child or they are not the only ones responsible for the child, please complete the section below.

Name of Guardian				**Guardian's Occupation**
Guardian's Address (if different from child's address)				**Guardian's Relationship to Child**
				No. of Years Living with Child
Guardian's Contact	**Cell**	**Home**	**Work**	**Email**

In cases where the parent and/or guardian is unable to conduct any business regarding the child at the school, please indicate below the particulars of the responsible adults who may represent the parent/guardian in these circumstances:

Name of Individual	Relationship to Child	Contact Information

PLEASE TURN OVER

PARENT/GUARDIAN DECLARATION

I _____ making this application for my child/ward named above as the legally appointed guardian for admission to Ascot High School declare that the information provided on this form is true and accurate to the best of my knowledge. I also commit to:

- **(a) follow the rules of the school and encourage my child/ward to follow the rules,**
- **(b) pay such contributions and other amounts due to the school before the beginning of each term or as per an approved arrangement,**
- **(c) give at least a month's notice to the school before withdrawing my child/ward, AND**
- **(d) supply my child/ward with everything he/she may reasonably require participate meaningfully in the teaching and learning process including extra and co-curricular activities of the school.**

Parent/Guardian Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Application Received: _____ Form Checked By: _____

Remarks:

DOCUMENTS RECEIVED

☐ **Medical**
☐ **2 Passport Size Pictures**
(for new grade 10 students)

☐ **Special Account**
☐ **P.S.A Contribution**

☐ **Rental Books Returned**