ASCOT PRIMARY SCHOOL

APPLICATION FORM

FOR GRADE ONE STUDENTS ONLY

1. Name of Child :		
First	Middle	Last
2. Age: Alias	:	
Sex Date of Birth		(Parish)
3. Last school attended		
4. Is your child on the PATH programme? YI	es NO	
5. (a) Father's Name	_ (b)Mother's Name _	
Address:	Address:	
Occupation:	Occupation:	
Phone :		
6. With whom does the child live?		
Name:	Relation:	
Address:	Phone:	
EMERG	ENCY CONTACT	
8. (a) Name:		
(b) Place of Work:		
(c) Address:		
(d) Phone: Work Home	Cell	
Email Address:		
(e) Relation:		

	MEDICAL IIISTORI		
9. Does the applicant suffer from any of the following?			
Asthma	Epilepsy		
Pneumonia	Sickle Cell/Anemia		
Frequent Cold	Tonsillitis		
Allergy	Hemophilia		
Diabetes			
5 . Has the applicant ever had any surgical operations: Yes \Box No \Box			
If yes give date(s)			
Other:			

<u>NOTE</u>: Application will be reviewed and parents/guardian will be notified if they have been selected for an interview. Selection for interview does not guarantee a space here.

All successful applicants will be expected to complete a medical form

All parents/guardians are asked to pay a yearly contribution at the school. This amount includes:

- PTA Dues
- P.E Gear
- Accident Insurance
- Security
- School Handbook
- Maintenance Fee

.Your obligations as a parent will include:

- Ensuring that your child/ward arrives early for school
- Providing lunch for your child each day
- Supplying uniform/books and all other necessary learning tools
- Actively supporting all the school events
- Attending PTA/Grade/ Consultations meetings
- Adhering to all school rules and guide lines as set out in the Students' Handbook
- Collecting the child from the compound at the appropriate time
- Actively participating as a stakeholder in the business of education

I acknowledge that the completion of this form <u>does not guarantee</u> my child/ward admission due to the limited space available. As such I will also seek admission to other schools that are near home.

Name of Parent:	: Signature	: Date:	
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Back ground Information on Student

This section must be completed by Principal /Class Teacher of previous school

Child's Name:				
Key:	E- Excellent G - Good S - Satisfactory U - Unsatisfactory			
	Use the key above to rate the child by placing the letter on the line provided.			
1.	Separates from parents without difficulty			
	Arrives for school early each day			
3.	Regularly completes home-work/assignments			
4.	Expresses feelings verbally/physically in an appropriate manner			
5.	Makes activity choices without teacher's help			
6.	Uses bathroom independently			
7.				
8.	Speaks clearly enough for adults to understand			
9.	Speaks in complete sentences			
10.	Participates in songs and finger plays			
11.	Respects school property			
12.	Observes and obeys rules			
13.	Respects those in authority			
14.	Works independently			
15.	Any other Concerns			
	Parental Assesment			
1.	Assists with school work			
2.	Attends Parent Teachers' Meeting			
3.	Supports school programmes			
4.	Provides child/children with necessary tools for school			
5.	Honours his/her financial obligations to the school			
6.	Parent's deportment			
7.	Interpersonal skills with teachers and parents			
	<u>Attendance Record</u>			
	• Child's attendance pattern from September to March:			
	Total Number of Sessions Number of Sessions attended:			
	• Child's punctuality pattern:			
	\Box Excellent \Box Good \Box Satisfactory \Box Poor			

Principal's Name:	Signature:	Date:	
Teacher's Name:	Signature:	Date:	

SCHOOL STAMP/SEAL

Please Note

- a. This application form is **NOT** a registration form
- b. Deadline for applications is April 29, 2016
- c. Late applications will **not be accepted**
- d. Registration will begin on May 9, 2016