GOVERNMENT OF THE VIRGIN ISLANDS
MINISTRY OF EDUCATION AND CULTURE
DEPARTMENT OF EDUCATION

APPLICATION FOR SCHOOL ADMISSIONS BY VIRGIN ISLANDERS

Before completing this application form, please read the following instructions carefully.

1) In accordance with the Virgin Islands Education Act, 2004, Section 28 (1), *"Every child shall attend school from the first day of the school calendar following that in which he attains the lower age of the compulsory school age limit…"*

2) This application **must** be accompanied by the following documents:
   - ❒ Completed Application Form
   - ❒ Valid Birth Certificate of the child
   - ❒ Proof of Citizenship (BVI or UK passport, Belonger's Card)
   - ❒ Immunisation Card
   - ❒ Letter from the Road Town Health Clinic certifying full immunisation of child
   - ❒ Passport-size photograph of the child
   - ❒ Passport-size photograph of **each** parent/guardian

   *All documents issued in a foreign language **must** be translated and certified, and the translation **must** be accompanied by the original documentation.*

3) An Official Transcript from the school last attended, if applicable, should be sent directly from the Principal of that school, to the Department of Education through any of the following media:

   Mailing Address: The Chief Education Officer
   Department of Education
   P. O. Box 72
   Road Town, Tortola VG1110
   VIRGIN ISLANDS

   Facsimile: 1 (284) 494 – 5421

   Electronic Mail: Contact the Department of Education via telephone,
   1 (284) 468 – 3701 extension 2036/2037

4) The Parent or Guardian should be the person making the application.
   Individuals who have guardianship over a child must provide evidence of such.

5) The Parent or Guardian **must** bring his/her passport with the application. It will be returned immediately after the necessary information has been verified.

6) Students will be admitted into school in September, at the commencement of the Advent term. Exceptional cases will be dealt with on an individual basis, by the Personnel who have that responsibility.

7) If applying for admission into a private school, this application must be accompanied by a letter from the requested school, stating the availability of space.

8) Health Cards **(BVI Health Services Authority)** and evidence of Health Insurance will be required **by the school**, upon enrollment. If a child has no insurance, a payment of $15.00 is to be made at the school for the School Insurance.

8) **THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN.**

SECONDARY

Submission Deadline: 16th June, 2014

For official use only
ADMISSION ID: _____of_____
No. Year

V.I. SCHOOL SYSTEM STUDENT ADMISSIONS FORM FOR VIRGIN ISLANDERS - SECONDARY

STUDENTS

Name: _____
Last *First* *middle*

Date of Birth: _____/_____/_____ (*dd* *mm* *yr*) **Age:** ____ / _____ (*Years* *Months*) **Gender:** ☐ **Male** ☐ **Female**

Place of Birth: _____ **Ethnicity:** ☐ Black ☐ Hispanic ☐ Indian ☐ White ☐ Other: _____

Home Address: _____ **Mailing Address:** _____

Home Phone: _____

Language: Primary Language _____ **Secondary Language** _____

PARENTS AND GUARDIANS

Single Parent Household: ☐ Yes ☐ No

Father's Name: _____
Last *First* *middle*

Home Address: _____ **Mailing Address:** _____

Home Phone: _____ **Work Phone:** _____
Email Address: _____ **Cell Phone:** _____
Employer: _____

Mother's Name: _____
Last *First* *middle*

Home Address: _____ **Mailing Address:** _____

Home Phone: _____ **Work Phone:** _____
Email Address: _____ **Cell Phone:** _____
Employer: _____

Guardian's Name: _____
Last *First* *middle*

Home Address: _____ **Mailing Address:** _____

Home Phone: _____ **Work Phone:** _____
Email Address: _____ **Cell Phone:** _____
Employer: _____

STATUS

Mother's Place of Birth: _____ Father's Place of Birth: _____

BVI Status: ☐ BVIslander ☐ Belonger BVI Status: ☐ BVIslander ☐ Belonger

MEDICAL AND ALERTS

In case of an emergency the following contacts will be notified based on the order in which they are listed.

Medical Alerts: ☐ Allergies _____ Blood Type: _____

Other Alerts: _____

Emergency Contact #1

Name: _____
Last *First* *middle Initial*

Relationship: ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

Contact Number _____ ☐ Home ☐ Work ☐ Cellular

Emergency Contact #2

Name: _____
Last *First* *middle Initial*

Relationship: ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

Contact Number _____ ☐ Home ☐ Work ☐ Cellular

Other Special Medical Considerations: _____

_____

TRANSPORTATION

Type: ☐ **Private Bus** ☐ **Government Funded** ☐ **Parents** ☐ **Walks** ☐ **Other** _____

Bus Driver's Name: _____ Cell Phone: _____

Start Date: _____ **End Date**: _____

Departure Time: _____ **Arrival Time**: _____

Special Instructions: _____

_____

Parent/Guardian: _____ _____
Signature *Date*

OTHER STUDENT INFORMATION

STUDENT STATUS

Attended Primary School in the Territory: ☐ YES ☐ NO

Name of Institution: _____

Date of Enrollment: FROM: _____ TO: _____

First Choice of School: _____

Second Choice of School: _____

Other family members attending school:

Name of Student: _____

School Name: _____

Name of Student: _____

School Name: _____

School and Other Activities: ☐ Honour Roll ☐ Debate Club ☐ Choir ☐ Cheerleading
☐ Other _____

Sports Teams: ☐ Basketball ☐ Softball/Baseball ☐ Rugby

After School Clubs: ☐ Girl's Brigade ☐ Boy's Scouts ☐ VI Basketball ☐ KATS ☐ BSafe

Other: _____

STUDENT NUMBER: _____ **ADMISSION DATE**: _____

OFFICIAL USE ONLY

GRADE –LEVEL: ☐ Grade 6 ☐ Form 1 ☐ Form 2 ☐ Form 3 ☐ Form 4

ENTRY CODE:

☐ Original Entry ☐ Return from Last Year

☐ Promoted ☐ Previous Drop Out

☐ Transfer from Private School ☐ Transfer from out of Country

☐ Transfer within District (Public School)

District of residence: _____

Documents for admission:

☐ Passport ☐ Residency Card ☐ Birth Certificate ☐ Transfer Form

☐ Immunization Card ☐ Insurance Card

OTHER:

House Selection: Name: _____ Colour: _____

Officer: _____ _____

Signature and Stamp *Date*