

A Registration Fee of \$50.00, along with the documents listed overleaf, **MUST** accompany this form.

Entrance required in: (Month:.....)(Year:.....)



# St. Winifred's School

Pine Hill, St. Michael, Barbados, West Indies  
Telephone: (246) 429-3661 Facsimile: (246) 228-1245

**OFFICE HOURS:**

During the term:  
8.00 a.m. to 3.30 p.m

.During School Holidays: E-mail: stwinifredsschool@caribsurf.com  
Fridays only from

9.00 a.m. to 12.00 noon

**FOR OFFICE USE:**

Receipt No: \_\_\_\_\_

Documents received:  
Birth Health Imm. Reports

## FORM OF APPLICATION FOR ADMISSION

**PUPIL'S**

**FORENAMES:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_ **DATE OF BIRTH:** Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

**RELIGIOUS DENOMINATION:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**PREVIOUS SCHOOL:** \_\_\_\_\_ **FORM/GRADE ATTAINED:** \_\_\_\_\_

**HANDICAPS:** \_\_\_\_\_ **SPEECH:** \_\_\_\_\_

(if any) **EYESIGHT:** \_\_\_\_\_

**HEARING:** \_\_\_\_\_

**PHYSICAL:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**PUPIL'S ADDRESS:** \_\_\_\_\_

**FATHER'S FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBERS:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**FAX NUMBERS:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_ **SECONDARY SCHOOL ATTENDED:** \_\_\_\_\_

**EMPLOYER'S NAME:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**MOTHER'S FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **MAIDEN NAME:** \_\_\_\_\_

**TELEPHONE NUMBERS:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**FAX NUMBERS:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_ **SECONDARY SCHOOL ATTENDED:** \_\_\_\_\_

**EMPLOYER'S NAME:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**GUARDIAN'S NAME (if applicable):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBERS:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**FAX NUMBERS:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**EMPLOYER'S NAME:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**Name/s of siblings presently attending St. Winifred's:** \_\_\_\_\_

**Are parents past pupils of St. Winifred's?**  Father  Mother

**Any other connections?** \_\_\_\_\_

**Fees will be paid by:**  Parents  Employer  Bursary

**NAME & ADDRESS OF REFEREE:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

### AGREEMENT

I hereby agree to abide by all regulations made for the government of the school, to pay all fees on or before the first day of each term, and to give a term's notice of withdrawal, or to pay a term's fee in lieu of notice.

Dated this ..... day of ..... in the year of .....

Signature:.....

N.B. The Committee of Management reserves the right to ask parents to withdraw a pupil whose conduct and/or progress in his/her studies is not considered satisfactory.

Please turn over .....

**In order for this Application to be processed, a Registration Fee in the amount of \$50.00 must be paid into the Headmistress's office.**

(Please note that during term-time the Office hours are 8.00 a.m. to 3.30 p.m., and in the school holidays, only on Friday mornings - 9.00 a.m. to 12.00 noon).

**In addition, the following documents MUST accompany this form:**

**Applicants for the Beginners' Class (four year olds):**      Birth Certificate.

*Please note that the following must be submitted by 31st June of the year entering:*

- (1) *A letter from the child's doctor giving details of any health problems that he/she may have. If there are no abnormalities, the doctor's note should state that the child is fit and healthy, and may take part in all school activities.*
- (2) *Immunization Certificate which certifies that the child has been immunized against Diphtheria, Measles, Poliomyelitis and Tetanus.*

**Applicants for Prep 1/Prep 1A and Prep 2/Prep 2A classes (five and six year olds):**

- (1) Birth Certificate.
- (2) A letter from the child's doctor giving details of any health problems that he/she may have. If there are no abnormalities, the doctor's note should state that the child is fit and healthy, and may take part in all school activities.
- (3) Immunization Certificate that certifies that the child has been immunized against Diphtheria, Measles, Poliomyelitis and Tetanus.
- (4) A letter from the School, which the child is presently attending, giving details of the child's conduct and academic achievement/level.

**Applicants for the Junior and Senior School (seven year olds and up):**

- (1) Birth Certificate.
- (2) \* A letter from the child's doctor giving details of any health problems that he/she may have. If there are no abnormalities, the doctor's note should state that the child is fit and healthy, and may take part in all school activities.
- (3) \* Immunization Certificate which certifies that the child has been immunized against Diphtheria, Measles, Poliomyelitis and Tetanus.
- (4) \* Copies of the last three School Reports.

\* Applicants for Form 1 should submit these documents by the end of May of the year writing the Barbados Secondary Schools' Entrance Examination.

**NOTE:      A placement test may be administered for Junior placement where necessary.**