## FOR OFFICIAL USE ONLY

Year of Entry:	Foreign:	Interviewed by:
Grade:	Date interviewed:	Notes:
Siblings:	Application Fee:	



## ARBOR APPLICATION FORM

		Father			AL INFORMATION  Mother					
Complete Name:										
Home Address:							Home Pho	ne:		
Email:					Email:					
Occupation:				Cell:	Occupation:				Cell:	
Work Place:				Phone:	Work Place:				Phone:	
Marital Status	Single	Married	Separa	ted	Marital Status	Single	Married	Separated	<u> </u>	
	Divorced	Widowed	Other			Divorced	Widowed	Other		
anguages spoke	anguages spoken:				Languages spok	Languages spoken:				
			I	NFORMAT	ΓΙΟΝ ON THE CI	HILD				
Jame:									м 🗆 ғ [	
Date of Birth: D/M/Y			Place of Birth: Nationality:							
Grade to enter: Age: Religion		n:	If Catholic, has the child received the following sacraments:			nents:				
					Baptism 🔲	First Comm	nunion 🔲	Confirmati	ion 🔲	
Vith whom doe	s he/she live?				Address:					
Elder Sil	olings	Age		School	Younger	Siblings	Age		School	
				PR FVI	OUS SCHOOLING	<u> </u>				
Schools previously attended:					Period of time:					
Do you know a fa	amily that ha	s children in A	ARBOR/	ROSEWOC	DD?	Yes $\square$		No 🗆		
Name:					Phone:					

## MEDICAL HISTORY

Any health conditions?				
Any physical limitations/disabilities?				
Allergies or special medical treatment?				
Any special recommendations for the child's adaptation to the new school:				
Other (specify):				
IN CASE OF EMERGENCY PLEASE CALL:	_			
Name:	Phone:			
Name:	Phone:			
Pediatrician or family physician:	Phone:	Hospital:		
PROCEDURE  1. Fill this form and submit to the School with a \$300 application fee  2. Parents or guardians will then be contacted to schedule an interview with a Direction of the schedule and the schedule	ctor of the School			
We the undersigned declare that all the information provided in this form is correct The application form will be declared null and void in the case of incorrect informat Port of Spain,,	tion.			
CIONATURE OF THE FATHER	CICNATURE OF THE	MOTHER		

129 Long Circular Road, Maraval