

Trinity Junior School

#6 Melbourne Street, Port of Spain, Trinidad, West Indies
1-868-625-1720

APPLICATION/REGISTRATION FORM

FORM# _____

Instructions: Please complete ALL the information below before submission

PLEASE USE BLUE OR BLACK INK PENS

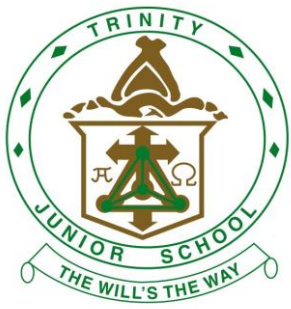
Child's Information	
1	Date of Admission: DD/MM/YYYY
2	Surname of Child: _____ First Name: _____
3	Religion: _____ Date of Birth: DD/MM/YYYY
4	Number of Children in Family: _____ Place of Child in Family: _____
5	Does the child have any siblings currently attending Trinity Junior School? <input type="checkbox"/> YES <input type="checkbox"/> NO
6	If YES to #5 Sibling's Name: _____
	Sibling's Current grade: _____
7	Last School Attended: _____
8	Standard of Attainment Achieved: _____

Parents'/Guardian Information			
9	Father's Name: _____	Father's Occupation: _____	
10	Father's email address: _____		
11	Address: _____		
12	Telephone Contact:	Home: _____	Work: _____ Cell: _____
13	Employer's Name: _____		
14	Employer's Address _____		
15	Mother's Name: _____	Mother's Occupation: _____	
16	Mother's email address: _____		
17	Address: _____		
18	Telephone Contact:	Home: _____	Work: _____ Cell: _____
19	Employer's Name: _____		

Document Number: TJS-PREREGISTRATION-FORM-001-2021

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20	Employer's Address			
15	Guardian's Name:	Guardian's Occupation:		
16	Guardian's email address:			
17	Address:			
18	Telephone Contact:	Home:	Work:	Cell:
19	Employer's Name:			
20	Employer's Address			

Particulars of Child's Household
The Child lives with whom:

Emergency Contact Details
Emergency Contact Name:
Emergency Contact Address:
Emergency Contact Number:
Emergency Contact Details (Continued)
Family Doctor/Physician Name:
Family Doctor/Physician Address:
Family Doctor/Physician Contact Number:



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Important Medical History	
1	Is the child's vaccination schedule up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO
2	Please list any of the following:
2a	Is the child on any current medication? <input type="checkbox"/> YES <input type="checkbox"/> NO
2b	If yes to 2a above, please state which medication in detail
3a	Does the child suffer from any medication allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO
3b	If yes to 3a above, please state the allergies in detail
4a	Does the child suffer from any food allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO
4b	If yes to 4a above, please state any allergies in detail
5a	Does the child suffer from any chronic health concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO
5b	If yes to 5a above, please list in detail

Referee/Recommender	
Please list one (1) referee/recommender other than a relative	
Name:	
Contact Number:	
Address:	

Important Note: Should your son/daughter be enrolled in Trinity Junior School, the following must be submitted:

1. A non-refundable Registration Fee of TTD\$600.00.
2. The child's birth certificate (ONLY the computerized birth certificate will be accepted).
3. Original updated Immunization Record and two (2) copies.
4. Three (3) recent passport sized photographs

Acknowledgment	
I hereby acknowledge that all the information submitted is true and accurate:	
NAME OF PARENT/GUARDIAN (BLOCK LETTERS)	
SIGNATURE OF PARENT/GUARDIAN	
DATE SUBMITTED	DD/MM/YYYY

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