

VAZ PREPARATORY SCHOOL 11 ½ DUNOON ROAD KINGSTON 2

TELEPHONE: 928-1226/FAX: 928-2900

EMAIL: vazprep2@hotmail.com

APPLICATION FORM

S	STUDENT INFORMA	TION
SURNAME	FIRST NAME	MIDDLE NAME
GENDER: M F DATE OF	BIRTH / / DI	ENOMINATION:
School Previously Attended:		
Is there a sibling attending Vaz		
If yes, Name of sibling:		
How did you hear about the sch		
		is Friend
News paper O Radio O Flyer	Website Social Med	ia O Friend O
P	PARENTS' INFORMA	TION
lother's Name:		
ddress:		
mployer:		
elephone # (H)		
mail Address:		
ather's Name:		
ddress:		
Employer:		
Telephone # (H)		
Email Address:		
man Address.		
agree to abide by the rules of the	s school and in the avent th	est I wish to withdraw my child
agree to abide by the rules of the rive one term's notice in writing.	SCHOOL AND IN THE EVENT III	at I wish to withdraw my child,
Signature of Parent/Guardian:		Date://_
	OFFICE USE ONLY	
Date of Interview://	Accepte	d Y O N O
Date Starting//		