GLENMUIR HIGH SCHOOL

10 Glenmuir Road, May Pen P.O., Clarendon

REGISTRATION FORM

STUDENT INFORMATION

NAME OF STUDENT Harriott (LAST) Darian (FIRST) Maliki (MIDDLE) D.O.B. 24 (DY) / 04 (MTH) / 2009 (YR)

ADDRESS Race Track (STREET OR DISTRICT) Denbigh P.O. (POST OFFICE) Clarendon (PARISH)

TEL. # 876 313-6370 CHURCH /DENOMINATIONAL AFFILIATION Christianity.

PLACE OF BIRTH May Pen Hospital NATIONALITY Jamaican

TYPE OF ENTRY (*tick which is applicable*) ☐PEP ☐TRANSFER ☐SPECIAL ☐SIXTH FROM

PREVIOUS SCHOOL ATTENDED (*give name, location and dates of attendance of all previous school(s)*)

NAME OF SCHOOL	LOCATION	DATE OF ATTENDANCE	
		From	To
Central High	May Pen Clarendon	2020	2025

DOES HE/SHE BOARD? ☑NO ☐YES *(if yes, please indicate name and address below)*

DOES HE/SHE TRAVEL TO SCHOOL BY PUBLIC TRANSPORTATION? ☐NO ☐YES ☑SOMETIMES

	TOTAL NO.	NO. ATTENDING SCHOOL
Older Brother(s)		
Younger Brother(s)		

	TOTAL NO.	NO. ATTENDING SCHOOL
Older Sister(s)		
Younger Sister(s)		

PARENT & GUARDIAN INFORMATION

NAME OF FATHER Harriott (LAST) Delroy (FIRST) Anthoney (MIDDLE) IF DECEASED, DATE OF DEATH ___ (MTH) / ___ (YR)

ADDRESS Race Track (STREET OR DISTRICT) Denbigh P.O. (POST OFFICE) Clarendon (PARISH) TEL: 876 313-6370

EMAIL ADDRESS Delroyharriott676@gmail.com OCCUPATION Metal fabricator

EMPLOYER'S NAME

NAME OF MOTHER Lindsay (LAST) Sherene (FIRST) Marvalin (MIDDLE) IF DECEASED, DATE OF DEATH 07 (MTH) / 2017 (YR)

ADDRESS Evan Street (STREET OR DISTRICT) Denbigh P.O (POST OFFICE) Clarendon (PARISH) TEL: —

EMAIL ADDRESS — OCCUPATION —

EMPLOYER'S NAME

NAME OF GUARDIAN Samuels (LAST) Shana-kay (FIRST) (MIDDLE) RELATIONSHIP TO STUDENT Sister

ADDRESS 105 Rose Marie Close (STREET OR DISTRICT) Chandlers Estate (POST OFFICE) Clarendon (PARISH) TEL: 876 284-4971

EMAIL ADDRESS Shanakaysamuels544@gmail.com OCCUPATION Self-Employed

EMPLOYER'S NAME

EMERGENCY CONTACT NO.(S) (*if different from all of the above*)

NAME OF PERSON(S) RESPONSIBLE FOR FEES Delroy Harriott

SIGNATURES ___ (MOTHER) Harriott (FATHER) S. Sutt (GUARDIAN)

DECLARATION

I herewith enclose recommendation of good character and candidate's certified birth certificate. I agree to pay one term's fee if candidate is removed from the School without a term's notice in writing. I have read, understood and pledge to abide by the rules and regulations of the school at all times.

SIGNED: Delroy Harriott (PARENT/GUARDIAN) 02-10-2025 (DATE) Darian Harriott (STUDENT) 02-10-2025 (DATE)

OFFICE USE ONLY

DATE RECEIVED: 3 (DY) / 10 (MTH) / 2025 (YR) BIRTH CERTIFICATE INDEX NO.: HA 3678

PARENT'S/GUARDIAN'S I.D. #: A6205851 TYPE: ☐DRIVER'S LICENSE ☑PASSPORT ☐NATIONAL ☐OTHER [G]

Harriott, Darian Maliki