RUSEA'S HIGH SCHOOL
Watson Taylor Drive, Lucea P.O., Hanover

Email: ruseashighschool@gmail.com
Tel: 876-956-3095 / 876-956-2275 or 876-328-0353

TRANSFER APPLICATION FORM

Package Collected 3/10/23

Read and complete all sections carefully. A letter of recommendation, last two school reports and a transcript should be emailed directly to us from the last school attended. (Include the PEP Results if application is for a space in Grade 7). If documents are not coming directly from the school, original documents (with school stamp affixed) must be submitted.

SECTION A: Student Information

Last Name	First Name	Middle Name
Dillion	Roshawn	Devaun

Gender	Date of Birth	Nationality	Religion/Demonination
Male ☑ Female ☐	17.10.2006	Jamaican	

Address	Email
Bachelor's Hall Lucea P.O Hanover	

SECTION B: PEP Results (Grade 7 applicants only)

Scores
Maths _____ Language Arts _____ Social Studies _____ Science _____ Ability Test _____ Placement _____

School Placed
G

SECTION C: Current/Previous (Grade 8-11 applicants only)

School	Last Grade
Green Island High School	11

Last Report
Mathematics 26 % English A 38 %
Last Average 21.7 % # of Subject Done _____
# of Subjects Pass (60% & over) _____

Infractions/Violations
Suspension _____ Detention _____ Reason _____
_____ _____ Merit / Demerit _____

SECTION D: Extra-curricular Activities / Sports

Football

SECTION E: Name of Relative(s) who are Attending Rusea's High School

Name(s) & Current Form	1	2	3	4

SECTION F: Father's Information

Father's Name	Nationality	Occupation
Dwayne Dillion	Jamaican	Electrician

Address
Peters Field Westmoreland

Telephone No. (work)	Home / Cellular No.	Email
	876 801-2219	

SECTION G: Mother's Information

Mother's Name	Nationality	Occupation
Shelricia Samuels	Jamaican	

Address
Bachelors Hall Lucea P.O Hanover

Telephone No. (work)	Home / Cellular No.	Email
	(876)330-1972	

SECTION H: Guardian's Information

Guardian's Name	Nationality	Occupation
Sandrene Samuels	Jamaican	Customer Service rep

Address
Bachelor's Hall Lucea P.O. Hanover

Telephone No. (work)	Home / Cellular No.	Email
956-3316	799-6362	

SECTION H: REASON(S) FOR SEEKING TRANSFER (Mandatory)

To improve my education.
To do more CXC subjects

I certify that the particulars given above as well as documents submitted are to the best of my knowledge correct. I understand that the application fee is NON-REFUNDABLE. I understand that the submission of this form does not guarantee that a place will be offered. If a

S. Samuels — Parent's / Guardian's Signature

11.09.2023 — Date (dd/mm/yyyy)

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FOR OFFICIAL USE ONLY

Application Received: _____ ☐ Application Fee Paid ($500.00). Recpt. #: _____

Documents Submitted: ☐ Copy of PEP Results ☐ Copies of Last Two (2) School Report ☐ 1) Recommendation ☐ Transcript

☑ Approved 29/9/2023 ☑ Denied

Principal's comment: Based on the Diagnostic Test.

Signature of Principal: 28/9/2023