Gr 7 2023

Annual Student Registration/ Re-registration Form: ELTHAM HIGH SCHOOL

Current Photo

All returning students must be registered for the 20..... – 20..... Academic Year.
Complete the section indicated below (**Using BLOCK CAPITALS**) to register your child/ward.
Pay all Fees before the date for collection of Textbooks.
This form along with copies of paid vouchers must be submitted on those days when textbooks are issued

1. Register/Re-register your child/ward – Fee J$1000
2. After registration proceed to collect your textbooks.

Form 2.. – 2..

Student Information

Student surname	First Name	Middle Name(s)
WIGNAL	CARL	ADEN

Date of Birth: 13 / 4 / 2011 (DD MM YY YY)

Telephone: 18764625408

Email Address:

With whom do you live?

Mother & Father	☐	Father & Stepmother	☐	Guardian	☐
Father only	☐	Mother & Stepfather	☐	*Relative	☐
Mother Only	☑				

*If you live with a relative, state relationship (e.g. Aunt etc.)_____

Name(s) of person(s) with whom you live	Email Address:	Telephone # Home/Cel
Charlene Andrea Smith	alexismith@gmail.com	876-462-5408

Address of person(s) with whom you live

Street Address	Community/Area	Postal Area
8 Ebanks Avenue	Hampton Green	Spanish Town P.O

How many miles do you travel from home to school (One way)? One miles

Dominant Mode of Transportation TAXI

Religious Affiliation CHRISTIANITY

Does your religion prevent participation in any School Activities? Yes ☐ No ☑

If Yes , Explain

Do you have a computer at home ☑ Do you have a smart phone ☑

Do you have internet connection ☑ Do you have a data plan ☑

PARENT INFORMATION

Mother's Name CHARLENE SMITH Occupation HAIRSTYLIST

Father's Name CARL WIGNAL Occupation CONSTRUCTION WORKER

Guardian's Name Occupation

Guardian's E-mail Address: **Phone #:Cell** **Work:**

School's Welfare Programme:

Do you have any special needs? Yes ☐ No ☑

If yes, please specify_____