HOLLAND HIGH SCHOOL
Holland Road, Martha Brae
Falmouth P.O. Trelawny
Ph. #610-5127/610-5643
Email: hollandhighschool@yahoo.com

August 07, 2025

The Permanent Secretary
Thru' The Regional Director
Ministry of Education & Youth
Region III
Brown's Town
ST. ANN

Dear Madam:

Re: Mickelia Henlon - Grade 9

The parents of the above-named student have requested a transfer from **Muschett High School** to attend **Holland High School.** This transfer is being sought for the following reason (s):

- Proximity to school
- Financial Constraints
- Other Relatives at the school
- **Change in student's best interest**
- Change of Residence
- **Other**

I am willing to **accept** this student with the agreement of the other Principal and the approval of the Ministry of Education.

Yours sincerely,

.....
Dayle Evans
Principal

HOLLAND HIGH SCHOOL
Martha Brae
Falmouth P.O, Trelawny
610-5289/5127/5643
"Providentia Dei Nos Providebit"

MUSCHETT HIGH SCHOOL

Wakefield District, Bounty Hall P.O., Box 7177 Trelawny, Jamaica
Tel (876) 610-2967-8, 610-2844 Fax: (876) 610-2967
E-mail address: muschetthigh@yahoo.com
Chairman: Hon. H. Paul A. Muschett, C.D., J.P.
Principal: Leighton Johnson, JP, M.A., B. Ed., T. Dip. Ed.

August 11, 2025

The Permanent Secretary
Ministry of Education, Skills, Youth & Information
Region I
National Heroes Circle
Kingston 3

Dear Sir/Madam,

Re: Transfer of: MICKELIA HENLON - GRADE 9

The parent of the above-named student is requesting transfer from ***Muschett High School*** to **Holland *High School.***

The transfer is being sought for the following reason (s)

Change of residence
Proximity to school
Change is in the student's best interest
Affiliation to the school
Financial Constraint
Other

Please note that we are willing to **release her** pending the approval of the Ministry of Education.

Yours truly,

MUSCHETT HIGH SCHOOL * SEAL * Wakefield P.O., Trelawny

.....
Leighton Johnson (Mr.)
Principal

CHRISTMAS

Muschett High School

WAKEFIELD
Trelawny

Report For:

HENLON, MICKELIA

10M/Sc2

Times Absent: 4 Marks:

Times Late: 15 Demerit:

Subject Name	SEP	OCT	NOV	DEC	Average Grade	Letter Grade	Conduct	Subject Teacher
BIOLOGY	94	81	--	--	88	A	S	G. MCGHIE
CHEMISTRY	21	30	--	--	26	E	D	A. PLUMMER
COMMERCIAL FOOD PREP	83	60	--	--	72	B	S	C. STEWART-GOOD
ENGLISH LANGUAGE	90	75	--	--	83	A-	S	R. ROBINSON
INFORMATION TECHNOLOGY	83	100	--	--	92	A	G	S. SPENCER
MATHEMATICS	40	32	--	--	36	D-	S	M. MARCUS
PHYSICS	100	80	--	--	90	A	G	G. MCGHIE
SOCIAL STUDIES	100	35	--	--	68	B	G	J. SMITH
OVERALL AVERAGE / GRADE:					**69**	**B-**		

Parents and Guardians,

This Progress Report is an indication of your child's current academic and behavioural status. Let's celebrate those areas where he or she is succeeding and work together to improve any areas that may need improvement in order to support our students' efforts to be successful. Thank you for your help and keep up the good work.

Mrs Mornai Walker, PRINCIPAL

G. MCGHIE, HOMEROOM TEACHER

Key to Conduct Rating

Good — D Disruptive
Satisfactory — U Unsatisfactory
Fair — P Poor

Key to Letter Grade

A+85-100%, A-80-84%, B+75-79%, B-70-74%, B-65-69%, C+60-64%, C-55-59%, C-50-54%, D+45-49%, D-40-44%, D-35-39%, E-0-34%

010207234344/2025 GOVERNMENT OF JAMAICA CERTIFICATION OF VITAL RECORD

Registrar General's Department

Issue Date:
11th June, 2025

BIRTH REGISTRATION FORM

1. Birth in the district of: **MOUNT SALEM** 2. Parish: **ST. JAMES**
3. No. **NZ 6608** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **THIRD DECEMBER, 2008** 6. Sex: **FEMALE**
7. Name of Child: **MICKELIA ANTHONETTE** ***

8. Physician or registered midwife in attendance: **NURSE K EARL**

FATHER

9. Name and Surname: **MICHAEL ANTHONY HENLON** ***
10. Age at time of birth: **36 YEARS** 11. Occupation: **CARPENTER**
12. Birthplace: **TRELAWNY**

MOTHER

13. (a) Residence: **BOUNTY HALL**
(b) Town/Village: **FALMOUTH** (c) Parish: **TRELAWNY**
14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**
15. Name and Surname: **CLAUDIA OLIVEAN JARRETT** ***
Maiden Name: **nil** 16. Age at time of birth: **28 YEARS**
17. Occupation: **COOK** 18. Birthplace: **ST ANN**

INFORMANT(S)

19. Name and Surname: **CLAUDIA OLIVEAN JARRETT** *** **nil**
20. Qualification: **MOTHER** **nil**
21. (a) Residence: **BOUNTY HALL** **nil**
(b)Town/Village: **FALMOUTH** **nil**
(c) Parish: **TRELAWNY**

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: **nil**
24. Date: **FOURTH DECEMBER, 2008** **Signed by Registrar**

NAME IF ADDED AFTER REGISTRATION OF BIRTH

26. Name: **nil**
27. Authority: **nil** 28. Date Added: **NIL**

Last line of Vital Data

Desmond Davis (Act.)
Registrar General &
Deputy Keeper of the Records
THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL