Jamaica College Application / Registration Form

YEAR OF ENTRY _____

STUDENT INFORMATION

1. FIRST NAME: ODANE

MIDDLE NAME: J. Nill

2. DATE OF BIRTH:

1022231198/2007

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
25th April, 2007

1. BIRTH IN THE DISTRICT OF: KINGSTON
2. PARISH: KINGSTON
3. NO. AA 7728
4. Place of Birth: VICTORIA JUBILEE HOSPITAL
5. Date of Birth: THIRD JANUARY, 2007
6. Sex: MALE
7. Name of Child: ODANE WILLIAM WILBERFORCE ***
8. Physician or registered midwife in attendance: NURSE WILSON-BRYAN

FATHER

9. Name and Surname: **********
10. Age at time of birth: nil
11. Occupation: nil
12. Birthplace: nil

MOTHER

13. (a) Residence: BROOKE AVENUE BUILDING O APARTMENT 7
(b) Town/Village: KINGSTON 20
(c) Parish: ST. ANDREW
14. No. of Children previously born to mother (a) Alive: 2
(b) Still-born: nil
15. Name and Surname: YASMIN BROWN ***
Maiden Name: nil
16. Age at time of birth: 25 YEARS
17. Occupation: NIL
18. Birthplace: KINGSTON

INFORMANT(S)

19. Name and Surname: YASMIN BROWN *** nil
20. Qualification: MOTHER nil
21. (a) Residence: BROOKE AVENUE BUILDING O APARTMENT 7 nil
(b)Town/Village: KINGSTON 20 nil
(c) Parish: ST. ANDREW UNKNOWN

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: nil
24. Date: THIRD JANUARY, 2007
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

First Free Copy for children born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006

We aim to satisfy

Registrar General's Department

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 3490608

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Jamaica College Application / Registration Form

YEAR OF ENTRY _____

STUDENT INFORMATION

1. FIRST NAME: ODANE MIDDLE NAME: William
LAST NAME: WILBERFORCE

2. DATE OF BIRTH:
MONTH | DAY | YEAR

3. LAST SCHOOL ATTENDED: DUHANEY PARK PRIMARY School

4. GSAT RESULTS: AVERAGE [ ]
MATH [ ] SCIENCE [ ]
SOCIAL STUDIES [ ]
COMM. TASK [ ] LANG. ARTS [ ]

5. NAME OF BROTHER CURRENTLY AT JC IF APPLICABLE: FORM:

6. INDICATE SCHOLARSHIP AWARDED (IF APPLICABLE):

7. INDICATE ANY SPORTS/ACTIVITIES IN WHICH STUDENT REPRESENTED HIS PREVIOUS SCHOOL:

8. HOME ADDRESS:

9. STUDENT CELL#:

10. STUDENT EMAIL:

11. PLACE OF WORSHIP:

12. RELIGION: RELIGIOUS DENOMINATION:

PARENT INFORMATION

13. NAME OF FATHER:

14. MARK 'X' TO INDICATE MARITAL STATUS
[ ] MARRIED [ ] SINGLE [ ] DIVORCED [ ] WIDOWED

15. FATHER'S HOME ADDRESS:

16. PROFESSION:

17. FATHER'S EMAIL:

18. NAME & ADDRESS OF WORKPLACE/COMPANY

19. FATHER'S CELL: HOME#: WORK#:

20. MARK 'X' TO INDICATE IF JC OLD BOY: [ ]

PARENT INFORMATION

21. NAME OF MOTHER: YASMIN BROWN

22. MARK 'X' TO INDICATE MARITAL STATUS
[ ] MARRIED [ ] SINGLE [ ] DIVORCED [ ] WIDOWED

23. MOTHER'S HOME ADDRESS:
BROOKE AVENUE Building 0 Apt 7 - Kingston

24. PROFESSION:

25. MOTHER'S EMAIL:

26. NAME & ADDRESS OF WORKPLACE/COMPANY

27. MOTHER'S CELL 457-3468 HOME#: WORK#:

GUARDIAN INFORMATION

28. NAME OF GUARDIAN (IF THE STUDENT IS NOT LIVING WITH PARENT(S)):

29. RELATION TO STUDENT:

30. HOME ADDRESS:

31. PROFESSION:

32. EMAIL:

33. NAME & ADDRESS OF WORKPLACE/COMPANY

34. CELL: HOME#: WORK#:

SCHOOL COMMUNICATION

TO WHOSE ATTENTION SHOULD COMMUNICATION BE SENT (LETTER, EMAIL, AND REPORTS):
35. NAME: YASMIN BROWN
36. FULL MAILING ADDRESS: BROOKE AVENUE Building 0 APARTMENT 7 KINGSTON 20
37. EMAIL ADDRESS:

38. ARE OLDER BROTHERS JC GRADUATES?
IF APPLICABLE, LIST DETAILS BELOW
NAME - PHONE NUMBER - GRADUATING YEAR
1.
2.
3.

39. WHO SHOULD HAVE ACCESS TO PARENTWEB (EMAIL ADDRESS REQUIRED)
MARK 'X' TO INDICATE: MOTHER [ ] FATHER [ ] GUARDIAN [ ] OTHER _____ [ ]

40. CLUB & SPORT SELECTED FROM LIST IN PACKAGE:

41. PLEASE PROVIDE IN THE SPACE BELOW ANY INFORMATION WHICH IS SPECIFIC TO YOUR CHILD WHICH THE SCHOOL SHOULD BE AWARE OF
e.g. health problems, results of educational testing, custody issues, emotional or psychological challenges etc.

Signature of Parent or Guardian: Y Brown Date: 22-8-19

OFFICIAL USE ONLY
DATE OF ENTRY: _____ FORM ASSIGNED: _____ REGISTRATION NUMBER: _____

Excellence, A Way of Life!

Mount Pleasant
Runaway Bay P.O., St. Ann
Email: info@mountpleasantacademy.com
Telephone #: (876) 383-2987/ 383-2831

ber 02, 2021

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al
a College
ld Hope Road
ton

ACCEPTANCE LETTER FOR ODANE WILBERFORCE

nt/Guardian of **Odane Wilberforce** is requesting a transfer from [illegible] to **Mount Pleasant demy** for the following reasons:

- Proximity to school
- Financial Difficulties
- A change of residence
- Relocation
- **Best interest of child/ward**
- **Other**

se be advised that **Odane Wilberforce** has been accepted into Mount Pleasant Academy where he is eduled to commence on January 03, 2021.

ease facilitate us in the furtherance of this process for his transfer and thank you for your cooperation.

Best Regards,

MOUNT PLEASANT ACADEMY
Principal

Vanie Clarke (Mr.)