here

SPOT VALLEY HIGH SCHOOL

E-mail: spotvalleyhigh@yahoo.com; 876 – 379-1383; 876-953-7795

PERSONAL PROFILE OF STUDENT

(THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN AND RETURNED TO THIS SCHOOL)

DATE OF REGISTRATION: September 18, 2024

DATE OF BIRTH: (DD/MM/YR) 04.01.2009 **Birth entry #**.....

NAME OF STUDENT: Philandro Jordon Spence

STUDENT'S E-MAIL ADDRESS: .....

FEMALE ☐ **MALE** ☒ **STUDENT REGISTRATION NUMBER (SRN):** .....

Transfer ☑ **PEP** ☐ **GNAT** ☐ **Other** (*Specify*) .....

ADDRESS WHERE STUDENT RESIDE: Flankers, Seaviews

.....

NAME OF LAST SCHOOL ATTENDED: Maldon High **(Grade completed)** 8

NAME OF MOTHER: Arlene Adlam **TEL. #** (876) 464-1390

Email address: ..... Home Address: Flankers Seaview Heights ST. James

Occupation: Chef Place of Work: Decamran Work #.....

NAME OF FATHER: Everton Spence **TEL. #**.....

Email address: ..... Home Address: Niagara Dist. Elderslie P.O. ST. James

Occupation: FamFarmer Place of Work: ..... Work #.....

NAME OF GUARDIAN: (If different from above) Deidria Spence **TEL. #** (876) 827 6857

Email address: sbalimited2345@gmail.com Home Address: Flankers Seaview Heights ST. James

Occupation: Chef Place of Work: IberoStar Work #.....

Person to be contacted (*other than Parent/Guardian*) in case of emergency:

Name:.....relationship to student .....Contact# .....

Write the names of two (2) other persons authorized to do business on your behalf

(1) Name: ..... **(2) Name:** .....

****Person/s WHO SHOULD NOT access this child:** .....**

Kindly state any known medical condition that affects this student Asma

Is there any medication that this student is allergic to? If yes, please state .....

I Deidria Spence (NAME OF PARENT/GUARDIAN) hereby give permission for my child Philandro Spence (NAME OF STUDENT)

to receive first aid in the event of an emergency at school.

Signature of Parent /Guardian D. Spence **Date:** 18.09.24

(THE SECTION BELOW IS TO BE COMPLETED BY SCHOOL PERSONNEL ONLY)

	Yes	No	
Birth Certificate (state #	✓		Rec. by:
Immunization Card	✓		Rec. by:
Photograph	✓		
Recommendation			
Last School Report	✓		
Medical	✓		
Path Beneficiary			Beneficiary #
Receipt (Number and Amount)			
Date of Admission			
Name of processing agent:			