Denham Town High School

105 North Street, Kingston 14
Telephone: (876) 923-6255

STUDENT REGISTRATION FORM

PHOTOGRAPH

PHOTOGRAPH

DATE: 26 (Day) 08 (Month) 2021 (Year)

PLEASE WRITE IN CAPITIAL LETTERS
Please answer all questions (from 1 to 9)

1. **NAME OF CHILD** ROGLAN (First Name) RICHIE (Middle Name) MILLS (Surname)

DATE OF BIRTH 27 (Day) AUGUST (Month) 2008 (Year)

EMAIL.....

ADDRESS (RESIDENTIAL) 3 MONA Common KGN. 7

2. **RELIGION**..... **Church attended**.....

3. **NAME OF MOTHER** HORTENSE LEWIS **Tel. #** (876) 818-5749

Home address of Mother 24 KIDD LANE KGN

E-Mail address of Mother.....

Occupation of Mother: HAIR DRESSER

Name of work place:..... **Tel. #**.....

Address of workplace:.....

4. **NAME OF FATHER**:..... **Tel: #**.....

Home address of Father:.....

E-Mail address of Father:.....

Occupation of Father:..... **Tel: #**.....