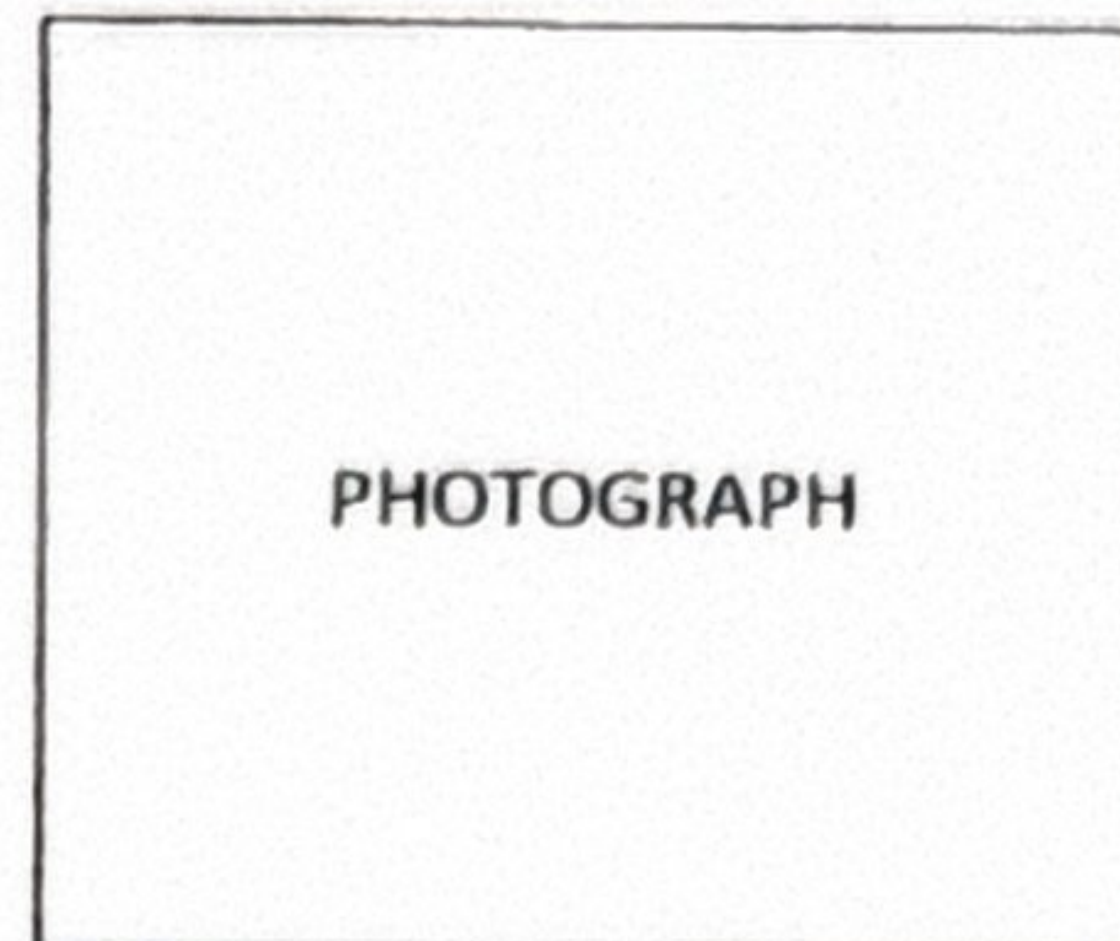




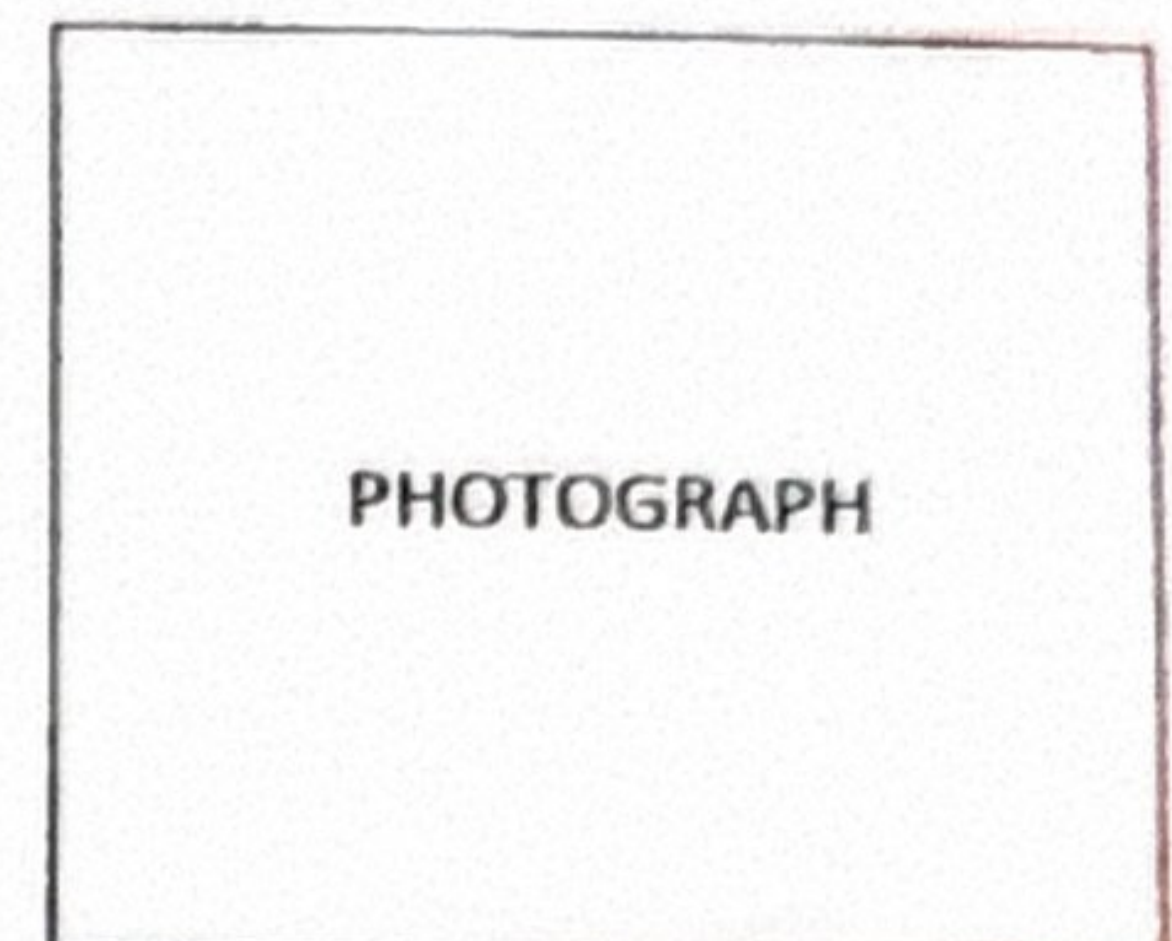
## Denham Town High School

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

### STUDENT REGISTRATION FORM



PHOTOGRAPH



PHOTOGRAPH

DATE: 02 - 09 - 2021  
Day Month Year

#### PLEASE WRITE IN CAPITAL LETTERS

Please answer all questions (from 1 to 9)

1. NAME OF CHILD JACOB GOLD OMAR JAMES  
First Name Middle Name Surname

DATE OF BIRTH 27 10 2008  
Day Month Year

EMAIL .....

ADDRESS (RESIDENTIAL) 20 OXFORD ST. KEN 14

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

3. NAME OF MOTHER LASSANDRA CROWL Tel. # 365-4446

Home address of Mother 20 OXFORD ST. KEN 14

E-Mail address of Mother .....

Occupation of Mother .....

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

Address of workplace: .....

4. NAME OF FATHER: OMAR JAMES Tel: # .....

Home address of Father: 20 OXFORD ST. KEN 14

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

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



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