Denham Town High School

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

STUDENT REGISTRATION FORM

PHOTOGRAPH

PHOTOGRAPH

DATE: 02 (Day) 09 (Month) 2021 (Year)

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

1. **NAME OF CHILD** JACÉGOLD (First Name) OMAR (Middle Name) JAMES (Surname)

DATE OF BIRTH 27 (Day) 10 (Month) 2008 (Year)

EMAIL.....

ADDRESS (RESIDENTIAL) 20 OXFORD ST. KGN 14

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

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

Home address of Mother 20 OXFORD ST. KGN 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. KGN 14

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

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