The University School

Baker Street, St. Augustine, Trinidad and Tobago, West Indies
Telephone/Fax*: 1 (868) 662-4832; *E-mail: principal@uwischool.edu.tt
http://uwischool.edu.tt/

APPLICATION FOR ADMISSION

This form should be sent to: The Principal, The University School, Baker Street, St. Augustine Trinidad, W.I

Child's Name: _____ _____ _____
Surname First Name Middle Name

Date of Birth: _____ **Sex: Male** ☐ **Female** ☐ **Religion:** _____ **Nationality:** _____

Previous Schooling Details:
Notes of Previous schooling (if any): _____

If transferring from another Primary school state reasons: _____

Immunization Details:
Please indicate by a tick whether an applicant has been vaccinated against the following:
( )* Diptheria-Pertussis-Tetanus (DPT) ( ) * Polio ( ) * Hepatitis B ( ) * Haemopilus ( ) *Measles-Mumps- Rubella
( ) Meningococcal ( ) Yellow Fever ( ) Chicken Pox
Please indicate by a tick whether the applicant has had these infectious diseases
( ) Chicken Pox ( ) Measles ( ) Mumps ( ) Rubella/German Measles

Proposed Date of Entrance: Christmas Term (Sept.-Dec.) _____

Parents Details:
If applicable, state position held by parent/guardian at The University of the West Indies.

Father: _____ _____
Surname First Name

Home Address: _____

Phone: _____Cell: _____E-Mail: _____

Business &Address: _____

Business Phone: _____Business E-Mail: _____

_____ _____
Position Department

Mother: _____ _____
Surname First Name

Home Address: _____

Phone: _____Cell: _____E-Mail: _____

Business &Address: _____

Business Phone: _____Business E-Mail: _____

_____ _____
Position Department

Guardian: _____ _____
Surname First Name

Home Address: _____

Phone: _____Cell: _____E-Mail: _____

Business &Address: _____

Business Phone: _____Business E-Mail: _____

_____ _____
Position Department

Sibling/PastPupil Details:
Does/did applicant have a brother or sister in the school? Yes ☐ No ☐ If yes,

_____ _____ _____
Name Class Year

Is the parent a past pupil? Yes ☐ No ☐ If yes,

_____ _____ _____
Name Class Year

SIGNATURE: _____
Parent/Guardian

Registration Fee: $100.00 Date Paid_____ Receipt No_____