

Vauxhall High School

49 Windward Road, Kingston 2, Tel: No. 928-1047, 928-2304, fax 930-7946

Email: vauxhall_high@yahoo.com

REQUEST FOR TRANSFER IN

Section A – Students' Personal Data

Name:
(Surname) (First Name) (Middle Name)

Birth Date:(day).....(month).....(year)-[Birth Certified required]

Address:

Last School Attended:
(Please attach last report)

Section B – Parent / Guardian's Data

Name of Mother:Tel #(h)

Address:

Occupation:Tel #:(work)(cel.)

Name of Father:Tel #:(h)

Address:

Occupation:Tel #:(work)(cel.)

Name of Guardian:

Relationship to Student:Tel#:(h)

Address:

Occupation:Tel #:(work)(cel.)

Relatives attending/attended Vauxhall High:

Was Vauxhall High a school of your choice? Yes/No

Reason for transfer:

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