



# ANGELS PRIMARY SCHOOL

1 Chestnut Avenue  
 Angels Grove  
 Spanish Town P.O.  
 St. Catherine  
 Tel: 876-602-6016

## APPLICATION REFERRAL FORM

**Instructions: Please complete this document using BLOCK CAPITALS only. This referral form must be completed by an authorized person, signed and stamped with the institution's seal where applicable.**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Application No.: \_\_\_\_\_

### STUDENT INFORMATION

This section can be completed by the person making the application or the school

Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age:	Date of Birth (dd/mm/yyyy):		
Nationality:	Place of Birth:		
Current School Attending:		Current Class/Grade:	
Address (where the student is currently living):			

### FAMILY INFORMATION

This section can be completed by the person making the application or the school

Mother's Name:		Cell no.:	
Mother's Occupation:	Place of Work:		
Father's Name:		Cell. No.:	
Father's Occupation:	Place of Work:		
Student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
Guardian's name:		Cell. No.:	
Guardian's Occupation:	Place of Work:		

### REFEREE INFORMATION

This section must be completed by the school ONLY

Name of Referee:			
Name of School:			
Position held:		Contact no.:	
I / We confirm that all fees for the school have been paid in full.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I / We confirm that the parent/guardian is supportive of all school activities.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I / We confirm that the student is hardworking and well behaved.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:		[ School Stamp ]	

**Thank you for taking the time to complete this referral document. All information will be kept confidential.** Each section of this referral must be fully and accurately completed and MUST bear the referee's signature and the school's stamp to be valid. The person making the application should scan and email this form to [admission@angelsprimary.edu.jm](mailto:admission@angelsprimary.edu.jm) along with **all the other documents requested**. The original of this form must be kept as it will be requested to be taken in if you are successful in the application process.