

**BARBADOS SEVENTH DAY ADVENTISTS
SECONDARY SCHOOL**

**APPLICATION FOR ADMISSION
PERSONAL DATA**

NAME OF APPLICANT _____
Last First Middle

Home Address _____

Telephone No. _____

Date of Birth ____/____/____ Country of Birth _____
Day Month Year Country of Citizenship _____

Seventh day Adventist Church Attending _____
Pastor _____
Religion if not Seventh-day Adventist _____

Does the applicant suffer from illness that may need special immediate attention
(asthma, epilepsy, diabetes, etc.) other _____

PARENT DATA

NAME OF FATHER _____

Tel. No. (H) _____ (W) _____ (C) _____

ADDRESS OF FATHER _____

Religion of Father _____ Father's Email address _____

NAME OF MOTHER _____

Tel. No. (H) _____ (W) _____ (C) _____

ADDRESS OF MOTHER _____

Religion of Mother _____ Mother's Email address _____

Who will be responsible for paying school fees? _____
If other than mother or father give name, telephone no. & address _____

ACADEMIC INFORMATION

LIST SCHOOLS ATTENDED

DATES

_____ to _____
_____ to _____
_____ to _____

Class, Standard or Form reached _____

Has the applicant ever been suspended [] advised to withdraw [] or
dismissed [] from any school?
If "YES" to any of the above, give reason and the name of the school.

This application form must be accompanied by
(1) Birth Certificate (2) Immunization Card (3) \$20 entrance fee

DO NOT WRITE BELOW THIS LINE

Scores: Maths English Essay Average

S.D.A.E.E.

C.E.