

JAMAICA BAPTIST UNION CALABAR HIGH SCHOOL

61 RED HILLS ROAD, KINGSTON 20, JAMAICA, W.I.

TEL: 1-876-609-1073

Website: www.calabarhighschool.com ◆ E-mail: calamainoffice@yahoo.com

GRADE SEVEN (7) TRANSFER APPLICATION

Read and complete all sections carefully. Attach two letters of recommendation, last two school reports and PEP results. Submit all documents to the main office.

STUDENT INFORMATION				
Surname:	First Name:	me: Middle Name:		
Date of Birth (MM/DD/YYYY):	Nationality:			
Address:				
Telephone: (H)	(Ce	ell) Email:		
Religious Denomination:				
PEP RESULTS: Mathematics	Language Arts	Social Studies	Science	Ability Test Rank
Placement Score:				
Name of School Placed:				
1				
PREVIOUS SCHOOL:		Last Grade	Last Average:	
SIBLINGS CURRENTLY ENROLLE	D AT CALABAR:			
Do you have siblings currently enr			m/Grade:	
CONTACT INFORMATION				
MOTHER'S/GUARDIAN'SNAME:				
TELEPHONE: (H)	(C)	=	(W)	
FATHER'S/GUARDIAN'S NAME:				
TELEPHONE: (<u>H)</u>	(C)		(W)	

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Calabar Alumnus: □YES □ NO



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REASON (S) FOR REQUESTING TRANSFER TO CALABAR					
I certify that the particulars given above as well as documents submitted are to the best of my knowledge correct. I understand that the application fee is NON-REFUNDABLE. I also understand that the submission of this form does not guarantee that a place will be offered. If a place is offered and the information is found to be inaccurate, this will lead to the revocation of admission.					
Parent/Guardian's Signature Date (MM/DD/YYYY)					
FOR OFFICIAL USE ONLY					
Application Received (Date): Documents Submitted:					
Copy of PEP results Copies of last two school report Two Recommendations Application Fees Paid					
STATUS: Approved Denied					
Signature of Principal					