



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

GRADES 8-10 TRANSFER APPLICATION FORM

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

STUDENT INFORMATION

Surname: _____ First Name: _____ Middle Name: _____

Date of Birth (DD/MM/YYYY): _____ Nationality: _____

Address: _____

Telephone: _____ Email: _____

Religious Denomination: _____

Applying for Grade: _____

PREVIOUS SCHOOL: _____ Last Grade Level _____ Last Average: _____

SIBLINGS CURRENTLY ENROLLED AT CALABAR:

Do you have siblings currently enrolled at Calabar? YES NO

If yes; Name: _____ Form/Grade: _____

CONTACT INFORMATION:

Mother's/Guardian's Name: _____

Email: _____

Telephone: (H) _____ (C) _____ (W) _____

FATHER'S/GUARDIAN'S NAME: _____

Email: _____

TELEPHONE: (H) _____ (C) _____ (W) _____

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 (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Application Received (Date): _____ Documents Submitted:

Copies of last two school reports Two Recommendations Application Fees Paid

STATUS: Approved Denied

Signature of Principal