



JAMAICA BAPTIST UNION

CALABAR HIGH SCHOOL

61 RED HILLS ROAD, KINGSTON 20

TEL. 931-2464 EMAIL: calamainoffice@yahoo.com

TRANSFER APPLICATION

Read and complete all sections carefully. Attach two letters of recommendation and last two school reports. Include the GSAT results if application is for a space in Grade 7. Submit all documents to the main office.

STUDENT PERSONAL DATA

Surname: _____ First Name: _____ Middle Name: _____

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

Address: _____

Telephone: _____ Email: _____

Religious Denomination: _____

PREVIOUS SCHOOL: _____ Grade applying for: _____

For Grade 7 GSAT transfer request, please complete this section:

GSAT SCORES: Mathematics _____ Language _____ Social Studies _____ Science _____ Com. Task _____

For Grades 8 -10 transfer request, please complete this section:

Last Grade Registered _____ Year: _____ LAST AVERAGE: _____

Do you have siblings currently enrolled at Calabar? Y _____ N _____

If yes, please state name (s) and Grade (s): _____

CONTACT INFORMATION. Please include the names of two contact below:

NAME: _____

Relationship to Student: _____

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

NAME: _____

Relationship to Student: _____

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



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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: _____ Approved Denied

Documents Submitted: Copy of GSAT results Copies of last two school report

Two Recommendations Application Fees Paid

Signature of Principal