

# St. George's College

Winchester Park, North Street, Kingston C S O  
Jamaica W I  
Telephone: (876) 922-2707

**ATTACH PICTURE  
HERE**

## TRANSFER APPLICATION FORM - 2020

**Please note carefully:**

- 1. This is merely an application form and does not guarantee acceptance.**
- 2. This application must be completed, printed and presented at St. George's College, along with payment of the application processing fee of \$3000**
- 3. The application will not be processed unless ALL sections are completed.**
- 4. The application must be accompanied by a passport sized picture, copy of the child's birth certificate, copy of the child's immunization card, and completed recommendation (attached).**
- 5. The application must be accompanied by the child's reports for Summer 2019 and Christmas 2019.**
- 6. Minimum PEP average – 300 (grade 7 applicants only)**
- 7. Only shortlisted applicants will be contacted.**

**Student Information**

**Grade Applying for:** \_\_\_\_\_

**Applicant's Full Name**

Last Name

First Name

Middle Name

Date of Birth:

Age:

Place of Birth:

Nationality:

Religion:

Address:

Home Phone #:

Student Cell Phone #:

Present School's Name:

**Previous Schools**

Name of School:

Years in Attendance:

Name of School:

Years in Attendance:

Has applicant taken PEP and been placed?  Yes  No School child was placed at under PEP:

Reason for requesting a transfer: (a) Proximity  (b) Relocation (from out of town)  (c) Other

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant Information**

Has applicant been dismissed from or not allowed to return to previous school?  Yes  No

Has applicant been put on academic/disciplinary probation at previous school?  Yes  No

Does applicant have any physical problems or disabilities?  Yes  No

Has applicant ever been tested for learning disabilities?  Yes  No

Does applicant have any learning disabilities?  Yes  No

If 'Yes' to any of the above, please explain providing documented evidence from the school.

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**Parent/Guardian Information**

**FATHER'S NAME**

Last Name First Name Middle Name

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Occupation Name of Firm

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Address Phone #

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**MOTHER'S NAME**

Last Name First Name Middle Name

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Occupation Name of Firm

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Address Phone #

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**Check all Applicable items**

Applicant lives with

- Both Parents  Mother  Father  Legal Guardian
- Parents Separated  Parents Divorced  Mother Deceased  Father Deceased
- Older sibling(s)  Grandparent(s)

**GUARDIAN'S NAME (If living with a Guardian)**

Last Name First Name Middle Name

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Address Phone #

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**Relatives who attended or who are attending St. George's College**

Name Relationship Year

Name Relationship Year

Name Relationship Year

**Information for Emergency or Medical Care**

**Emergency contact (in case parent/guardian cannot be reached)**

Name Daytime Phone #

Relationship to student Phone Cell #

Parent/ Guardian Cell Phone #

Parent / Guardian e-mail Address

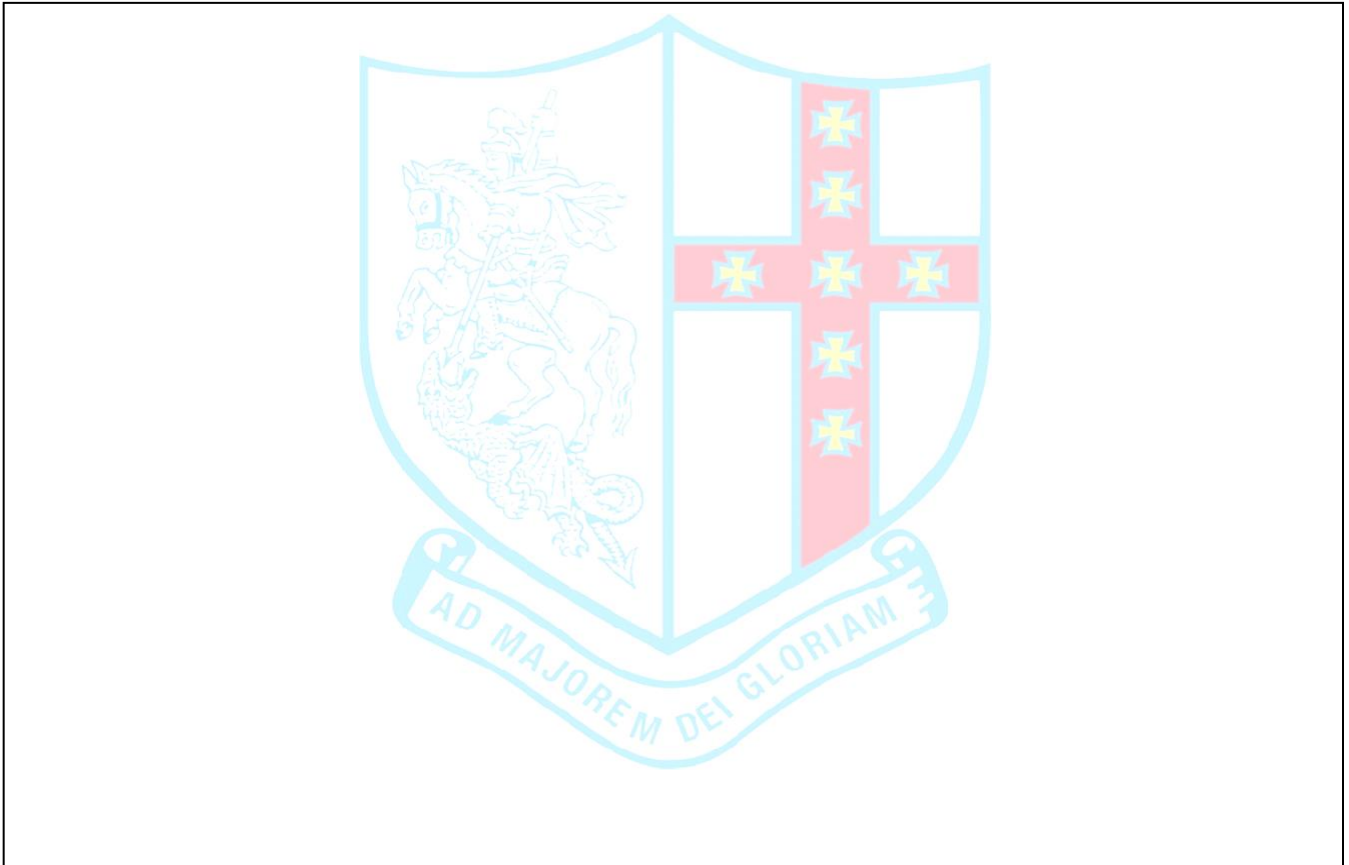
**Co-Curricular Activities**

Please check each activity below in which your son either has experience or in which he may want to participate. Please note that your child has to be actively involved in two (2) of the areas.

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| Athletics <input type="checkbox"/>     | Cricket <input type="checkbox"/>            | I.S.C.F. <input type="checkbox"/>                | Octagon Club <input type="checkbox"/> |
| Badminton <input type="checkbox"/>     | Debating Society <input type="checkbox"/>   | Key Club <input type="checkbox"/>                | Water Polo <input type="checkbox"/>   |
| Basket Ball <input type="checkbox"/>   | Drama Club <input type="checkbox"/>         | Lawn Tennis <input type="checkbox"/>             | Rugby <input type="checkbox"/>        |
| Cadet Corps <input type="checkbox"/>   | Environmental Club <input type="checkbox"/> | Library Club <input type="checkbox"/>            | Science Club <input type="checkbox"/> |
| Catholic Club <input type="checkbox"/> | Football <input type="checkbox"/>           | Mathematics Club <input type="checkbox"/>        | Swimming <input type="checkbox"/>     |
| Chess <input type="checkbox"/>         | Interact Club <input type="checkbox"/>      | Nutrition Club <input type="checkbox"/>          | Table Tennis <input type="checkbox"/> |
| Choir <input type="checkbox"/>         | Tourism Club <input type="checkbox"/>       | Schools' Challenge Quiz <input type="checkbox"/> |                                       |

**APPLICANT MUST COMPLETE**

What do you hope to gain from your experience at St. George's College and what would you bring to St. George's College?



Signature of Applicant

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Date

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Signature of Parent/Guardian

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Date

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Print Name of Parent/ Guardian

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## TO THE PRINCIPAL OR REPRESENTATIVE

The parent(s) of \_\_\_\_\_ have requested a transfer from

\_\_\_\_\_ to St. George's College. **Please fill out the following form and return to the Principal of St. George's College under CONFIDENTIAL COVER.**

1. Name of student (as it appears on Birth Certificate) \_\_\_\_\_

2. Date of Birth of Student \_\_\_\_\_

3. Name of Parent(s) \_\_\_\_\_

4. Address of Parent(s) \_\_\_\_\_

5. Grade to which student was admitted \_\_\_\_\_

6. Present grade \_\_\_\_\_

7. Last accumulated G.P.A (on a 4.0 scale) \_\_\_\_\_

8. Areas of academic strength \_\_\_\_\_

9. Areas of academic weaknesses \_\_\_\_\_

10. Has the student ever been suspended? \_\_\_\_\_

11. If yes, state reason(s) and number of times \_\_\_\_\_

\_\_\_\_\_

12. Was the student expelled from your school? \_\_\_\_\_

13. If yes, state reason(s) \_\_\_\_\_

14. Has the student ever been in trouble with the law? \_\_\_\_\_

15. If yes, give a brief account \_\_\_\_\_

\_\_\_\_\_

16. Has there been disciplinary problems with the student? \_\_\_\_\_

17. If yes, state nature of problems \_\_\_\_\_

18. Has the student ever received detentions? \_\_\_\_\_

(b) If yes, give number and circumstances \_\_\_\_\_

19. Is the student a member of any team/club/society. If 'yes', list below

20. Does the student (Parent(s)) owe outstanding fees/charges to the school? \_\_\_\_\_

21. Does the student always has books/other material for the school? \_\_\_\_\_

22. Is/Are the Parent(s) active members of the H.S.A./P.T.A? \_\_\_\_\_

23. Would you willingly readmit this student to your school? Yes No

24. Why or why not? \_\_\_\_\_

25. Is the student stronger in technical subjects or grammar subjects? Technical Grammar  
(for grades 9 and 10 transfer requests only)

**Please rate the applicant in the following areas:- (You may tick more than one)**

1. Emotional Maturity - (how does the applicant deals with setbacks, unfamiliar/challenging situations).

- Child sulks  Child becomes abusive, aggressive  Child becomes complacent  
 Child resolves to do better  Child seeks help /assistance from

**a. Guidance Counsellor b. Teacher c. Peers d. Principal.** (Provide documented evidence)

- Child complains a great deal  Child is forgiving.

2. Conflict Resolution Capacity – (Provide documented evidence)

- Child is quick to fight  Child become abusive and threatening  Child talks through problems  
 Child seeks arbitration by appealing to **a. Principal b. Teacher c. Guidance Counsellor**  
Child has never been in a  Fight  Verbal conflict  Disagreement

3. Academic Discipline –

(a)  Child always does homework/classwork  Child rarely does homework/classwork  
 Child never does homework/classwork

(b)  Child always has material for school  Child rarely has material  Child never has material

(c)  Child mostly spends free time playing  Child never spends free time playing  Child always spends free time studying in all circumstances

4. Social Integration –

- Child makes friends easily  Child communicates well with peers and adults in all circumstances  
 Child affords respect to all  Child 'plays' in violent and disruptive manner.  
 Child is reserved  Child does not make friends easily  
 Child is sullen  Child is a poor communicator and disrespectful  
 Child understands the importance of punctuality

My conclusions about \_\_\_\_\_ are based on  
Name of Child

- Observation     Subject Teacher Reports     Form Teacher Report     Records

Name of Officer completing form: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Place school stamp here \_\_\_\_\_

**NOTE: The Form will NOT be processed if any section is left incomplete or if NOT returned under CONFIDENTIAL COVER.**

