



St. George's College

Winchester Park, North Street,
Kingston C S O
Jamaica W. I.
Telephone: (876) 922-2707 Fax: (876) 922-8644

**ATTACH PICTURE
HERE**

TRANSFER APPLICATION FORM - 2024

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 non-refundable application processing fee of \$5,000.
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 Easter and Summer 2024.
6. 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:

NSRN (National Student Registration Number):

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.

Parent/Guardian Information

FATHER'S NAME

Last Name First Name Middle Name

Occupation: Name of Firm:

Home Address: Email: Cellular: Landline:

Work Address: Phone #:

MOTHER'S NAME

Last Name First Name Middle Name

Occupation: Name of Firm:

Home Address: Email: Cellular: Landline:

Work Address: Phone #:

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

Occupation: Name of Firm:

Home Address: Email: Cellular: Landline:

Work Address: Phone #:

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

Name	Relationship	Year
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Name	Relationship	Year
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Name	Relationship	Year
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Information for Emergency or Medical Care

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

Last Name	First Name	Middle Name
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Occupation:	Name of Firm:
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Home Address:	Email:	Cellular: Landline:
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Work Address:	Phone #:
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Relationship to student:

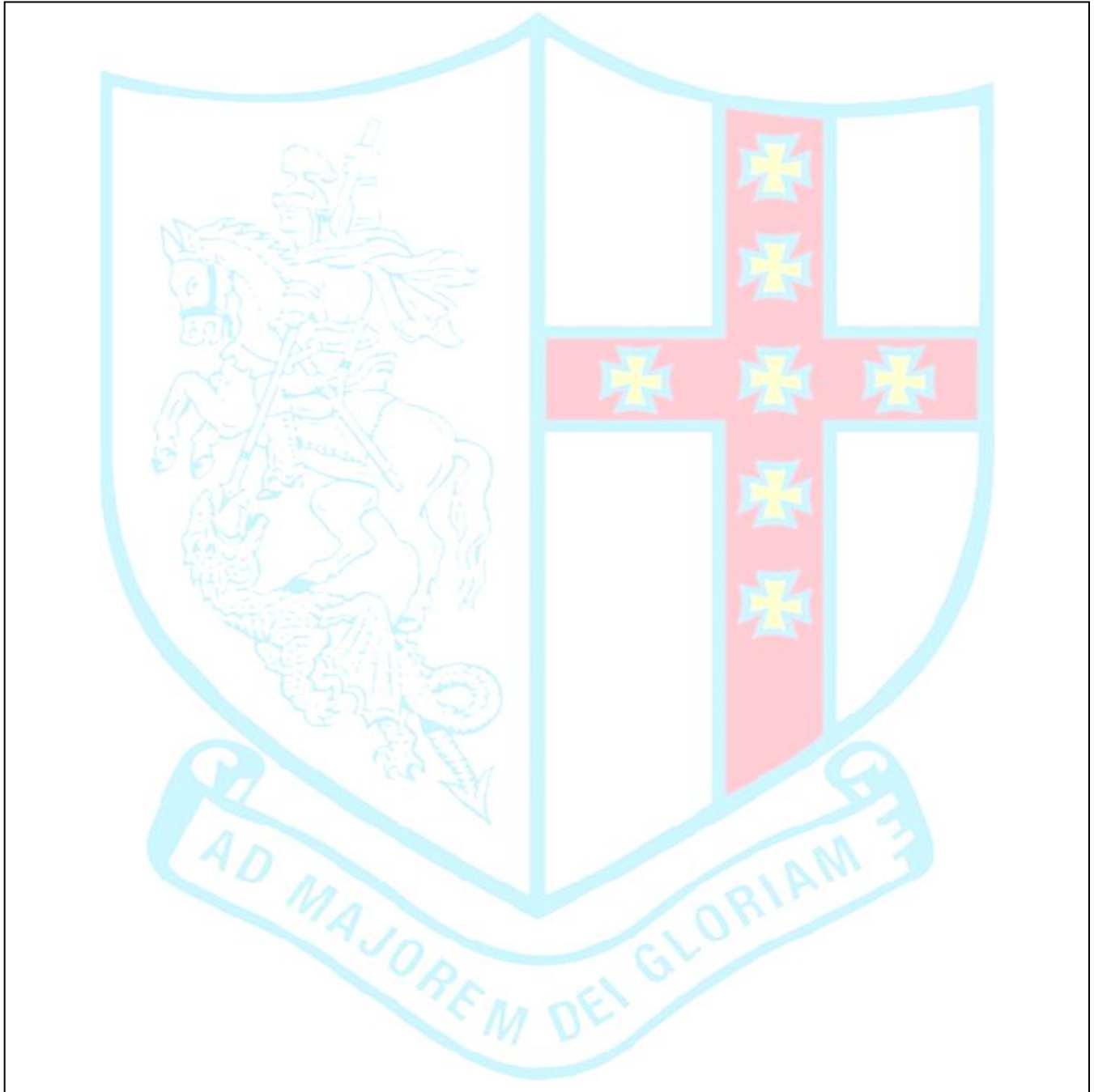
Co-Curricular Activities

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"/> | Lacrosse <input type="checkbox"/> |
| Aviation <input type="checkbox"/> | Entrepreneurship <input type="checkbox"/> | Science Club <input type="checkbox"/> | Art <input type="checkbox"/> |
| 4-H Club <input type="checkbox"/> | Debating Society <input type="checkbox"/> | Key Club <input type="checkbox"/> | Poetry <input type="checkbox"/> |
| Basket Ball <input type="checkbox"/> | Drumming Club <input type="checkbox"/> | Lawn Tennis <input type="checkbox"/> | Rugby <input type="checkbox"/> |
| Cadet Corps <input type="checkbox"/> | Environmental Club <input type="checkbox"/> | Social Action Society <input type="checkbox"/> | Football <input type="checkbox"/> |
| Catholic Club <input type="checkbox"/> | Peer Counselling <input type="checkbox"/> | Mathematics Club <input type="checkbox"/> | Swimming <input type="checkbox"/> |
| Chess Club <input type="checkbox"/> | Interact Club <input type="checkbox"/> | Sign Language/Mime <input type="checkbox"/> | Table Tennis <input type="checkbox"/> |
| Choir <input type="checkbox"/> | Tourism Club <input type="checkbox"/> | Schools' Challenge Quiz <input type="checkbox"/> | Robotics <input type="checkbox"/> |
| Animation <input type="checkbox"/> | Modern Language <input type="checkbox"/> | Library & Reading Club <input type="checkbox"/> | Photography <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?



Print name of Student:

Signature of Applicant:

Date:

Print Name of Parent/ Guardian:

Signature of Parent/Guardian:

Date:



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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 have 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

3. Academic Discipline –

(a) Child always does homework/classwork Child rarely does homework/classwork
 Child mostly/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 balances free time between studying and playing

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

Other: _____

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.

