



**Praise Tab. Christian Academy**

14 Sandringham Avenue,  
Kingston 10.

Tel. (876) 960-1494 or (876) 754-6868

Fax: (876) 754-6870 E-mail: [ptca.prep@yahoo.com](mailto:ptca.prep@yahoo.com)

**Registration Form**

CHILD'S NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

REGISTRATION FEE: \$ \_\_\_\_\_

**PRAISE TAB CHRISTIAN ACADEMY**

**Soaring Towards the Goal**

**14 Sandringham Avenue, Kingston 10**

**TEL: (876) 960-1494, 754-6868; FAX: (876) 754-6870**

**APPLICATION FORM**

<p>Application must be filled out completely before it can be processed.</p> <p>Registration fee \$3000.00 must accompany application and is non-refundable.</p> <p>An interview with Parents and child is required before final acceptance.</p> <p>_____ TERM 20 ____</p> <p>(This section for Office use only)</p>	<p>RECEIVED (Date): _____</p> <p>INTERVIEWED BY: _____</p> <p>DATE: _____</p> <p>STATUS: _____</p> <p>TRANSCRIPT REQ. _____</p> <p>RECEIVED: _____</p> <p>REGISTRATION FEES PAID: _____</p>
--	---

**STUDENT INFORMATION**

NAME:

\_\_\_\_\_  
LAST MIDDLE FIRST

ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_  
dd mm yyyy Male/ Female

GRADE TO ENTER: \_\_\_\_\_ LAST GRADE: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**FAMILY INFORMATION**

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. # HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK TEL. #: \_\_\_\_\_

**FAMILY INFORMATION CONT'D**

MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK #: \_\_\_\_\_

MARITAL STATUS: [ ] Married [ ] Single [ ] Living Together [ ] Separated [ ] Widowed [ ] Divorced

GUARDIAN'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK #: \_\_\_\_\_

NAME AND AGES OF SIBLINGS: \_\_\_\_\_

**PHYSICIAN'S INFORMATION**

DOCTOR: \_\_\_\_\_ TEL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DENTIST: \_\_\_\_\_ TEL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IN CASE OF ILLNESS/ EMERGENCY; WHOM SHOULD WE CONTACT IF UNABLE TO REACH PARENTS?

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ TEL. #: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ TEL. #: \_\_\_\_\_

DO WE HAVE PERMISSION TO CONTACT YOUR PHYSICIAN IN CASE OF EMERGENCY? [ ] YES [ ] NO

DO WE HAVE PERMISSION TO ADMINISTER FIRST AID? [ ] YES [ ] NO

\_\_\_\_\_  
SIGNATURE OF PARENT/ GUARDIAN DATE

**Soaring Towards the Goal**  
**14 Sandringham Avenue, Kingston 10**  
**TEL: (876) 960-1494, 754-6868; FAX: (876) 754-6870**

### **STATEMENT OF DISCIPLINE**

**PRAISE TAB CHRISTIAN ACADEMY** is committed to offering the highest standard of education, spiritual and physical development to all our students. As a Christian organization we are mindful of our testimony to the community and therefore our policies and decisions are designed to guard the name of the school, our image and reputation.

Whilst we recognize that our students come from varying backgrounds, we must insist that students conduct themselves in keeping with the school rules and guidelines for good behaviour. Our goal is to provide a disciplined academic environment that is conducive to learning, whilst providing an opportunity for students to be molded in appropriate attitudes, values and social conduct that will prepare them to become useful and productive citizens. Consequently, our curriculum is centered on the teaching of Jesus Christ as Lord and Saviour. This means that prayers and devotions are mandatory as part of our effort to develop the 'whole man'.

The school reserves the right to have full discretion in the discipline of your child. Our handbook also outlines various disciplinary procedures. This includes (but is not limited to) the use of punishment according to scripture guidelines if considered necessary, placing students on probation for a reasonable corrective period of time and dismissing any student who does not cooperate with the aims and objectives of the school. We want the best for every child that has been sent to us for nurturing and development and accordingly will not tolerate any form of deviant behaviour that will distract from this process.

If you are in full support of the above, please sign the Statement of Discipline below.

I recognize that **Praise Tab Christian Academy** has a highly qualified trained staff, and I have confidence in their abilities to perform the educational functions due to my child at their discretion.

I will therefore support the school in the training of my child by cooperating with them in discipline; accepting their judgment in all such matters, laying a spiritual foundation through godly example in the home, supporting the spiritual training given at school devotions, following through with any work, assignments or slips to be signed, seeing that my child reaches school on time; sending written excuses for absence or tardiness; cooperating in training the child to respect school and upholding the principles of the school to those outside the school community.

I realize that from time to time children can exhibit delinquent behaviour and be rebellious towards discipline. I pledge that should my child exhibit such behaviour or criticize actions taken by the school, I will correct the child, support the school personnel and call for full details at any time I have a question concerning an incident. I am satisfied that **Praise Tab Christian Academy** will always act in the best interest of my child and it is my intention to abide by their decision and support the discipline of the administration

---

**Child's Name**

---

**Parent/Guardian**

---

**Date**

**PRAISE TAB CHRISTIAN ACADEMY**

**Soaring Towards the Goal**

**14 Sandringham Avenue, Kingston 10**

**TEL: (876) 960-1494, 754-6868; FAX: (876) 754-6870**

**MEDICAL HISTORY**

***This form is to be verified / completed by the child's physician.***

It is mandatory that students who show symptoms of communicable disease be excluded from classes until re-admission is acceptable to school authorities. Your cooperation will be greatly appreciated.

**STUDENT'S NAME:** \_\_\_\_\_

**IMMUNIZATION RECORD** - (If your child has had any of the following, state **age** and **date** when he / she had them)

MUMPS \_\_\_/\_\_\_/\_\_\_ DIPHTERIA \_\_\_/\_\_\_/\_\_\_ POLIO \_\_\_/\_\_\_/\_\_\_  
MEASLES \_\_\_/\_\_\_/\_\_\_ SCARLET FEVER \_\_\_/\_\_\_/\_\_\_ CONVULSIONS \_\_\_/\_\_\_/\_\_\_  
WHOOPING COUGH \_\_\_/\_\_\_/\_\_\_ RHEUMATIC FEVER \_\_\_/\_\_\_/\_\_\_ HEART DISEASE \_\_\_/\_\_\_/\_\_\_  
ASTHMA \_\_\_/\_\_\_/\_\_\_ CHICKEN POX \_\_\_/\_\_\_/\_\_\_ DIABETES \_\_\_/\_\_\_/\_\_\_  
HAY FEVER \_\_\_/\_\_\_/\_\_\_ PNEUMONIA \_\_\_/\_\_\_/\_\_\_ DISCHARGING EARS \_\_\_/\_\_\_/\_\_\_  
SMALLPOX-SCARS \_\_\_/\_\_\_/\_\_\_ TETANUS \_\_\_/\_\_\_/\_\_\_ TYPHOID \_\_\_/\_\_\_/\_\_\_

**RECENT DISABILITIES**(Please check any one of the following noted recently)

FOUR OR MORE COLD YEARLY:\_\_\_ FAINTING SPELL:\_\_\_\_\_ HEARING DIFFICULTY:\_\_\_\_\_  
FREQUENT SOUR THROAT: \_\_\_\_\_ ABDOMINAL PAINS: \_\_\_\_\_ TIRES EASILY: \_\_\_\_\_  
POOR VISION: \_\_\_\_\_ FREQUENT URINATION: \_\_\_\_\_ BREATH SHORTNESS: \_\_\_\_\_  
FREQUENT LEG PAINS: \_\_\_\_\_ ALLERGY: \_\_\_\_\_ HERNIA (RAPTURE): \_\_\_\_\_  
DIZZINESS: \_\_\_\_\_ PERSISTENT COUGH: \_\_\_\_\_ RINGWORM: \_\_\_\_\_  
FREQUENT ITCHING: \_\_\_\_\_ SPEECH DIFFICULTY: \_\_\_\_\_ NOSE BLEEDING: \_\_\_\_\_  
DENTAL DEFECTS: \_\_\_\_\_ CRIPPLING CONDITION: \_\_\_\_\_ GROWING PAINS: \_\_\_\_\_

**MEDICAL HISTORY CONT'D**

Does your child have a disability due to disease or accident? [ ] Yes [ ] No

If yes, state: \_\_\_\_\_

Has your child ever been tested for tuberculosis? [ ] Yes [ ] No

If yes, state date administered: \_\_\_\_\_

Has your child been associated with tubercular patient? [ ] Yes [ ] No

If yes, state when: \_\_\_\_\_

**PERSONAL RECORD –(Please indicate Yes or No)**

Is he/she shy? _____	Hyperactive? _____	Bite fingernail? _____
Suck thumb? _____	Have excessive fears? _____	Have temper tantrums? _____
Like school? _____	Play well with others? _____	Eats breakfast? _____

**SIGNATURE OF PARENT / GUARDIAN:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF CHILD'S PHYSICIAN:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REMINDER:** No student will be excused from P.E. without a written permit from a physician.

**PRISE TAB CHRISTIAN ACADEMY**

**Soaring Towards the Goal**

**14 Sandringham Avenue, Kingston 10**

**TEL: (876) 960-1494, 754-6868; FAX: (876) 754-6870**

**CHECKLIST FOR NEW STUDENTS**

- Copy of Birth Certificate
  
- Copy of Immunization Record
  
- One (1 ) Passport Size Photograph
  
- Registration Fee
  
- Progress Report (2) last reports from previous school
  
- Recommendation (Previous School)
  
- Parents' ID: (Passport; National; Driver's License)
  
- Baptism/Dedication certificate