

**BARBADOS SEVENTH DAY ADVENTISTS  
SECONDARY SCHOOL**

**APPLICATION FOR ADMISSION  
PERSONAL DATA**

NAME OF APPLICANT \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth \_\_\_\_\_  
Day Month Year Country of Citizenship \_\_\_\_\_

Seventh day Adventist Church Attending \_\_\_\_\_  
Pastor \_\_\_\_\_  
Religion if not Seventh-day Adventist \_\_\_\_\_

Does the applicant suffer from illness that may need special immediate attention  
(asthma, epilepsy, diabetes, etc.) other \_\_\_\_\_

**PARENT DATA**

NAME OF FATHER \_\_\_\_\_  
Tel. No. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
ADDRESS OF FATHER \_\_\_\_\_  
Religion of Father \_\_\_\_\_ Father's Email address \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_  
Tel. No. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
ADDRESS OF MOTHER \_\_\_\_\_  
Religion of Mother \_\_\_\_\_ Mother's Email address \_\_\_\_\_

Who will be responsible for paying school fees? \_\_\_\_\_  
If other than mother or father give name, telephone no. & address \_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC INFORMATION**

LIST SCHOOLS ATTENDED	DATES
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

Class, Standard or Form reached \_\_\_\_\_

Has the applicant ever been suspended [ ] advised to withdraw [ ] or  
dismissed [ ] from any school?  
If "YES" to any of the above, give reason and the name of the school.  
\_\_\_\_\_

This application form must be accompanied by  
(1) Birth Certificate (2) Immunization Card (3) \$20 entrance fee

**DO NOT WRITE BELOW THIS LINE**

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Scores: Maths English Essay Average

**S.D.A.E.E.**

**C.E.**