

Giff Hill School

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P.O. Box 1657, St. John, Virgin Islands 00831 ■ 340.776.1730 ■ Fax 340.776.1739 ■ www.giffhillschool.org



GENERAL INFORMATION

Applicant Information

First Name _____ Middle Name _____ Family Name _____

Physical Address _____ City _____ State _____ Zip Code _____

Student Home Phone _____ Student Email _____

Male _____ Age _____ Date of Birth _____ Place of Birth _____ Country of Citizenship _____

Female _____

Present Grade (or recently completed) _____ Applying for Grade _____ Month / Year of Proposed Entrance _____

Family Information

Applicant lives with: Father Mother Stepfather Stepmother Other _____

Check if appropriate: Parents divorced Parents separated Father deceased Mother deceased

If parents are divorced or separated, who has legal custody of the applicant? _____

Parent / Guardian _____

Relationship to Applicant

Ms. _____

Mrs. Name _____ Occupation _____ Name of company _____

Mr. _____

Mailing Address _____ City _____ State _____ Zip _____

Dr. _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

Parent / Guardian _____

Relationship to Applicant

Ms. _____

Mrs. Name _____ Occupation _____ Name of company _____

Mr. _____

Mailing Address _____ City _____ State _____ Zip _____

Dr. _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

Information About Siblings

_____	_____	_____	_____
Name	M / F	Age	School
_____	_____	_____	_____
Name	M / F	Age	School
_____	_____	_____	_____
Name	M / F	Age	School

Acceptable Guardian Release:

As the legal parent/guardian I authorize the school to dismiss my child into the care of the following people:

1. _____ tel. _____ 2. _____ tel. _____

3. _____ tel. _____ 4. _____ tel. _____

I understand that, in the interest of the safety of my child, the school will not ever release my child into the care of any person not named. If circumstances change and it becomes necessary for me to make alternate arrangements for my child to be dismissed from school, I understand that I must contact the school to alert them of the new arrangements and to give them either written authorization to release my child in the manner I specify.

Bus Riding Information

GHS students have access to the public school bus system. This system is run by Varlack Ventures not Giffit Hill School. The company provides two buses: one picking up and dropping off in Coral Bay and one picking up and dropping off in Cruz Bay. Please fill out the information below to register your child for bus service.

My child will: take the Coral Bay bus take the Cruz Bay Bus be picked up from school

Education

Present School (or most recently attended)

Home School

Public School Name _____ Dates Attended _____

Private Mailing Address _____ City _____ State _____ Zip _____

Principal or Counselor _____ Telephone _____ Fax _____

Other schools Attended (in the past three years)

School Name _____ City _____ State _____ Dates of Attendance _____

School Name _____ City _____ State _____ Dates of Attendance _____

Are there any circumstances that may affect your child's full participation in school activities? (circle) Yes / No_ If yes, please provide information (i.e .educational testing, medical/counseling history, etc.) on Form C.

Application Fee of \$50.00 enclosed (For new students only.)

By signing below I, _____, parent/legal guardian of applicant, attest that all information given is true and accurate.

Parent / Guardian Signature Date