



# DUNROSS PREPARATORY SCHOOL

96a St Anthony Drive, Westmoorings, Trinidad, WI  
 Tel 637-7241/ 633-7913 email: office@dunross.edu.tt  
 Learning for Life

<b>For Office Use only</b>	
CODE	_____
Receipt No.:	_____
Date :	_____

## APPLICATION FORM

### APPLICANT'S INFORMATION (CHILD)

<p><b>FIRST NAME</b></p> <p>Name of Child _____</p> <p style="text-align: center;">DD / MM / YYYY</p> <p>Date of Birth _____ / _____ / _____</p> <p>Address _____</p>	<p><b>SURNAME</b></p> <p>_____</p> <p>Nationality _____</p> <p>Gender</p> <table border="1" style="display: inline-table;"> <tr> <td style="width: 50px;">MALE</td> <td style="width: 50px;"><input type="checkbox"/></td> <td style="width: 50px;">FEMALE</td> <td style="width: 50px;"><input type="checkbox"/></td> </tr> </table> <p>Parents' Marital Status _____</p>	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>		

### PARENTS' GENERAL INFORMATION

	MOTHER	FATHER								
Name	_____	_____								
Address	_____	_____								
Phone	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Home</th> <th style="width: 50%;">Mobile</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Home	Mobile	_____	_____	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Home</th> <th style="width: 50%;">Mobile</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Home	Mobile	_____	_____
Home	Mobile									
_____	_____									
Home	Mobile									
_____	_____									
E-mail Address	_____	_____								
Job Title	_____	_____								
Employer Name	_____	_____								
Employer Address	_____	_____								
Office Phone	_____	_____								

### OTHER INFORMATION

Are the parents of the Applicant current Shareholders of the Dunross Co-Operative Society Ltd. (DCSL)? Yes  No

Are any of the Applicant's Grandparents a Shareholder of the Society? Yes  No   
*If yes, please state Name/s on Share Cert.*

Is the Applicant the niece or nephew of a Shareholder of the Society? Yes  No   
*If yes, please state Name/s on Share Cert.*

Did either parent of the Applicant attend Dunross? Yes  No   
*Name (if mother, state maiden name)*

Do parents of the Applicant have pending Applications for other children? Yes  No   
*If yes, please state Name/s of Child/ren*

Emergency Contact Name (**other than parents**) and Tel. Contact #: \_\_\_\_\_

**Please note the following:**

**Acceptance into Kindergarten is conditional on the Applicant having spent a minimum of one year at a preschool. This application does not guarantee a place at Dunross. It will be entered on our Waiting List and you are advised to apply to other schools as well. Please note that you will only be contacted if a vacancy arises.**

**Application Fee \$500.00**

Date: \_\_\_\_\_ Signed (Parent/Guardian): \_\_\_\_\_