

ADMISSIONS

POLICY

Bishop Anstey Junior School accepts students into Prep 1 on the basis that the applicant must be 4 years old (**but not yet 5**) by April 30 of the year for entry in September.

Applicants may be accepted into higher classes **only if space permits**.

It is the policy of the School that **all** required information must be submitted before an applicant can be considered for admission.

Application Procedure

1. The application package must be collected from the BAJIS security personnel between October 1 and December 15th of the year prior to entry.
2. The completed forms **MUST** be returned to the school by **January 31**, of the year for which entry is sought in September.
N.B. If applying for entry into a class other than Prep 1, please return the completed application forms with copies of the last two terms' reports from previous school as soon as possible.
3. During the first week of February, parents will be notified by phone of the date of the interview which will be held on a Saturday in February.
4. At this appointment, an independent interview will be conducted with each prospective student by a teacher of the school. Information about BAJIS will be shared with parents in a separate concurrent meeting.
5. Notification as to the status of the Prep 1 application will be mailed by February 28.
6. **A Non-refundable Capital fee** of \$3,500.00 becomes due within two (2) weeks of acceptance.
7. Any queries about the application process should be addressed to the Administrator.

A completed application consists of:

An application fee	-	\$200.00
An application form	-	Completed by parents
BAJS / PTA information form	-	Completed by parents
A medical form	-	Completed by applicant's doctor
A pre-school report	-	Completed by Principal of the applicant's present school (This report must be submitted in a sealed envelope).

Note: On the day of the interview, please provide the original and a copy of the child's birth certificate and Baptismal Certificate. If born in Trinidad & Tobago, an electronic birth certificate is required.

BISHOP ANSTEY JUNIOR SCHOOL
APPLICATION FOR ADMISSION

CHILD'S PERSONAL DATA

SURNAME: _____

CHRISTIAN NAMES: _____

SEX: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

NATIONALITY: _____

RELIGION: _____

ADDRESS: _____

HOME TEL. NO.: _____

E-MAIL ADDRESS: _____

PREVIOUS SCHOOL: _____

CLASS ENTERED: _____

DATE ENTERED: _____

PARENT ATTENDED B.A.J.S.:

NAME: _____

MEMBER OF B.A.J.S. ALUMNI ASSOC:

Yes No

SIBLING INFO: (brother/sister *who attend/ed*
BAJS)

NAME(S): _____

CLASS/FORM: _____

YEAR LEFT (where applicable): _____

I certify that the information herein is correct. I understand that incorrect information could result in appropriate action being taken by the school.

Parent's/Guardian's Signature

If Guardian, please specify: _____

Date: _____

PARENTS' PERSONAL DATA

MOTHER'S NAME: _____

RELIGION: _____

OCCUPATION: _____

NAME OF ORGANISATION: _____

TEL.# (No Cell.Nos Please) _____

FATHER'S NAME: _____

RELIGION: _____

OCCUPATION: _____

NAME OF ORGANISATION: _____

TEL(No Cell.Nos Please): _____

CONTACT FOR EMERGENCY: (other than parent)

NAME: _____

RELATIONSHIP: _____

TEL(No Cell.Nos Please): _____

OTHER RELATIVES: (*who attend/ed BAJS*)

NAME(S): _____

CLASS/FORM: _____

RELATIONSHIP: _____

OFFICIAL USE:

Birth Certificate

Baptismal Certificate

Seen by: _____

BISHOP ANSTEY JUNIOR SCHOOL P. T. A.

PARENT INFORMATION FORM

Please complete form in block letters.

Name of Child: _____	Class/Form: _____
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Home address: _____

Home telephone no: _____

Father's/Guardian's Name: * _____

Profession: _____ Job: _____

Business/Firm Name: _____

Address: _____

Business telephone no: _____ Cellular: _____

Skills: _____ Special Interests: _____

Mother's/Guardian's Name: * _____

Profession: _____ Job: _____

Business/Firm Name: _____

Address: _____

Business telephone no: _____ Cellular: _____

Skills: _____ Special Interests: _____

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Sibling Information: Name/s: _____

(currently attending BAJS) _____

Class/Form: _____

* Wherever Guardians are relatives, please indicate the relationship to the child

BISHOP ANSTEY JUNIOR SCHOOL

MEDICAL HISTORY AND IMMUNISATION RECORD

Name of Child _____

Last Name

First Name

Date of Birth _____

Day

Month

Year

Date Entered _____

Day

Month

Year

Parent's/Guardian's name _____

Address _____

Home Telephone No _____

Office Telephone No (M) _____ Office Telephone No (F) _____

Cellular Telephone No (M) _____ Cellular Telephone No (F) _____

In case of emergency call _____ Telephone no _____

In case of emergency call _____ Telephone no _____

Doctor's Name _____ Telephone no _____

In case of an emergency, I authorise the school to use its judgment, if no authorised person listed above can be reached

Does the child suffer from:

Defective Eyesight Yes No

Defective Hearing Yes No

Heart Disease Yes No

Asthma Yes No

Allergies Yes No

If **YES**, what substances cause a reaction?

Is this reaction life threatening? Yes No

Does the child suffer from any other ailment? Yes No

Please indicate _____

Please give dates of most recent inoculations and vaccinations. (To be completed by a doctor)

TYPE OF PROPHYLACTIC	INDICATE		
	1ST DOSE	2ND	BOOSTER 3RD DOSE
POLIOMYELITIS			
DIPHTHERIA			
TETANUS			
WHOOPING COUGH			
YELLOW FEVER			
RUBELLA			
MENINGITIS			

I certify that the information contained herein is correct.

Doctor's Name: _____

(BLOCK LETTERS)

Signature of Doctor _____ Date: _____

This form will only be considered valid if it has been signed by a registered doctor.

I authorise the school to administer non-prescription drugs (e.g. acetaminophen - "Tylenol") to my child in the event that my child suffers what the school in its absolute discretion considers to be a minor illness. And I hereby agree that neither the School nor any member of its Board, its officers, agents or employees shall incur liability as a result of administering or of failure to administer any such non-prescription drug.

Signature of Parent/Guardian _____ Date: _____

I do not authorise the school to administer non-prescription drugs (e.g. acetaminophen - "Tylenol") to my child in the event that my child suffers what the school in its absolute discretion considers to be a minor illness. And I hereby agree that neither the School nor any member of its Board, its officers, agents or employees shall incur liability as a result of administering or of failure to administer any such non-prescription drug.

Signature of Parent/Guardian _____ Date: _____

BISHOP ANSTEY JUNIOR SCHOOL PRE SCHOOL STUDENT ASSESSMENT

Name of Child _____
Last Name First Name

Date of Birth _____ Age _____
Day Month Year

Date of Entry _____
Day Month Year

Name of Pre School _____

Address _____

Telephone No. _____

Please tick the appropriate column using this rating:

1 – Very Good

2 – Good

3 – Fair

4 – Cannot yet cope

GENERAL READINESS:	1	2	3	4
Listens to and follows simple instructions				
Sits and listens attentively to the reading of a short story				
Shows independence e.g. Carries own bag; Opens lunch kit				
Is able to sit and complete a short activity				
Waits his/her turn				
Packs and cleans up after an activity				
Interacts in a co-operative manner with peers and adults				
Is able to follow daily classroom routine				
ACADEMIC READINESS:	1	2	3	4
Sorts by Shape, Size, Colour				
Participates in Music and Art activities				
<i>Fine Motor Skills:</i> Holds pencil with correct tripod grip				
Holds scissors correctly				
Colours reasonably well				
Writes name				
<i>Letter Recognition:</i> Recites the alphabet clearly				
Recognises some letters of the alphabet				
<i>Phonics:</i> Knows sounds of some letters				
Can identify beginning sounds				
<i>Number Recognition (1-10):</i> Recognizes numbers & quantities				

REMARKS ON SOCIAL BEHAVIOUR AND LEVEL OF READINESS FOR FORMAL PRIMARY EDUCATIONAL SETTING:

Headmistress of Pre School: _____
PRINT NAME

Signature: _____

Date: _____

N.B. Please submit in a sealed envelope.