

FRANKFIELD PRIMARY & INFANT SCHOOL

Pratville P.O.  
Manchester  
Email: frankfield.primary.man@moey.gov.jm (876-464-2474)

Attach photo here

Grade to be Placed

Student's Birth Certificate

Date of Birth

Immunization

Medical

Nationality

SRN #

Accident Insurance (\$320)

File/Copying (\$120) )

Printed Material (\$300/\$500)

P.E. Gears

School Tie (\$300)

FULLY/NOT FULLY

SUBMITTED/NOT SUBMITTED

Documents Submitted: ☐ Birth Certi. ☐ Immunization ☐ Medical ☐ Sch. Report ☐ I.D

LAST NAME

FIRST NAME

MIDDLE NAME

ADDITIONAL INFORMATION

Name of Male Parent/Guardian

Contact (Number/Email)

Name of Female Parent/Guardian

Contact (Number/Email)

Emergency Number

Name of Person at Number

Relationship to Person at Number

Name of last School Attended

Address of last School Attended

Any special health condition(s) of child which the school should be aware

Any special circumstances of which school should be aware

How will child get home? ☐ Walk ☐ Car Rider

Name of Person Registering Child

Member of Staff Registering Child

Date of Registration

Date of Orientation

Comments