

# 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		
<input type="checkbox"/> Male	Age	Date of Birth	Place of Birth	Ethnicity	
<input type="checkbox"/> Female	Present Grade (or recently completed grade)		Applying for Grade	Month / Year of Proposed Entrance	

### Family Information

Applicant lives with:  Father  Mother  Stepfather  Stepmother  Other \_\_\_\_\_

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

**Mother:** Should receive school communication?  Yes  No Can pickup child from school?  Yes  No

Ms. \_\_\_\_\_

Mrs. Name \_\_\_\_\_ Occupation \_\_\_\_\_ Name of company \_\_\_\_\_

Dr. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Father:** Should receive school communication?  Yes  No Can pickup child from school?  Yes  No

Mr. \_\_\_\_\_

Dr. Name \_\_\_\_\_ Occupation \_\_\_\_\_ Name of company \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Siblings**

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

**Emergency Contacts/Authorized Pick Ups:**

As the legal parent/guardian I authorize the school to contact/dismiss my child into the care of the following people in the event I can not be reached:

1. \_\_\_\_\_ tel. \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

2. \_\_\_\_\_ tel. \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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 written or verbal 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

**Questions for Parent**

- Who completed this Application Packet? \_\_\_\_\_
- Who is financially responsible for the applicant’s enrollment? \_\_\_\_\_
- Did you read and understand the Tuition and Fee Explanation page?     Yes     No
- Did you enclose a \$50.00 Application Fee along with this packet?     Yes     No
- Were you referred to Giffit Hill School by a currently attending GHS family?     Yes     No

If yes, what family? \_\_\_\_\_

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

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date