

EPSOM BASIC SCHOOL
2ND AVENUE & 6TH STREET
8 West, Greater Portmore, St. Catherine

Reference No..... Date of Admission.....

Last date of attendance.....

Name of ECDC.....

Name of Child.....

Sex..... Date of Birth.....

Birth Certificate No.

Religious Affiliation.....

Last ECDC.....

Reason for Leaving.....

Class place on Admission..... Class on Leaving.....

No. of Siblings..... Place/position in Family..... Pet Name.....

Mother's Name..... Phone #

Address.....

Occupation Work #

Father Name..... Phone #.....

Address.....

Occupation..... Work #.....

#1 Guardian's Name..... Phone #.....

Relation to student.....

Address.....

Occupation..... Work #.....

#2 Guardian's Name..... Phone #.....



Relation to student.....

Address.....

Occupation..... Work #.....

#1 Name of the person to collect Child

Cell #..... Work #.....

#2 Name of the person to collect Child

Cell #..... Work #.....

#3 Name of the person to collect Child

Cell #..... Work #.....

#4 Name of the person to collect Child

Cell #..... Work #.....

- NB (In case of change, inform ECDC IMMEDIATELY)

#1 Emergency Contact.....

Address..... Phone #.....

#2 Emergency Contact.....

Address..... Phone #.....

Special Dietary Requirements (if any)

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MEDICAL INFORMATION

Family Doctor.....Phone #.....

Address.....

Health Facility.....

Does the Child suffer from any of the following? (Tick all appropriately boxes)

Asthma ☐ Sickle Cell ☐ Diabetes ☐ Rheumatic Fever/Heart Disease ☐

Allergies ☐ Epilepsy (Fits) ☐

Other (please specify).....

Special Note

IMMUNIZATION CARD

	1 ST	2 ND	3 RD	4 TH	5 TH
BCG					
OPV/IPV					
DT/DPT					
MMR					
VARICELLA					
HEPATITIS B					
HIB					
PENTAVELENT (DPT, HEP B, HIB)					
OTHER					

HEAD OF ECDC

DATE _____

PARENT/GAURDIAN SIGNATURE

DATE _____