

APPLICATION PROCEDURE

1. The application package may be collected from the BAJs security personnel between October 1st and December 15th of the year prior to entry.
2. The completed forms **MUST** be returned to the school by **January 31st** of the year for which entry is sought in September.
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 BAJs 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 28th.
6. **A Non-refundable Capital fee** becomes due within two (2) weeks of acceptance.
7. Any queries about the application process should be addressed to the Administrator.



Cross the bridge... embrace your future

Admissions September 2019

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.

Please be guided by the procedure on the back cover.

PARENTS' PERSONAL DATA

MOTHER'S NAME: _____

RELIGION: _____

OCCUPATION: _____

NAME OF ORGANISATION: _____

TEL. NO. (Work): _____

TEL. NO. (Cell): _____

TEL. NO. (Home): _____

EMAIL ADDRESS: _____

SKILLS: _____

SPECIAL INTERESTS: _____

FATHER'S NAME: _____

RELIGION: _____

OCCUPATION: _____

NAME OF ORGANISATION: _____

TEL. NO. (Work): _____

TEL. NO. (Cell): _____

TEL. NO. (Home): _____

EMAIL ADDRESS: _____

SKILLS: _____

SPECIAL INTERESTS: _____

CONTACT FOR EMERGENCY: (other than parent)

NAME: _____

RELATIONSHIP: _____

TEL. No. (Work): _____

TEL No. (Cell): _____

PARENT ATTENDED B.A.J.S.:

Yes No

NAME: _____

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

Yes No

OTHER RELATIVES: (*who currently attend or attended BAJIS*)

NAME(S): _____

CLASS/FORM: _____

RELATIONSHIP: _____

I certify that ALL the information provided in this application package is true and correct.

Mother's/Guardian's Signature Date (dd/mm/yy)

Father's/Guardian's Signature Date (dd/mm/yy)

If Guardian, please specify: _____

CHECKLIST

A completed application consists of:

- An application fee - \$200.00
- An Application form - Completed by parents
- PTA Information form - Completed by parents
- A Medical form - Completed by child's doctor
- A Pre-school report - Completed by Principal of the child's present school

(This report must be submitted in a sealed envelope).

- Birth Certificate - *Original and a copy
- Baptismal Certificate - *Original and a copy

***Originals must be presented for verification at the interview**

Note:

- * If born in Trinidad & Tobago, an electronic birth certificate is required.
- * If your child was **not** born in Trinidad and Tobago but is a citizen by descent, kindly submit a copy of the relevant page in his/her passport showing the stamp which authorises dual citizenship.
- * If your child was **not** born in Trinidad & Tobago and does not qualify for dual citizenship (i.e. parents are non-nationals) please contact the school office on telephone number 624-1177 as soon as possible to find out what is necessary to apply for a student permit. This process **MUST** commence prior to June 30th to facilitate entry in September.

CHILD'S PERSONAL DATA

LAST NAME: _____

FIRST NAME: _____ SEX: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

NATIONALITY: _____

RELIGION: _____

ADDRESS: _____

HOME TEL. NO.: _____

CURRENT SCHOOL: _____

CLASS ENTERED: _____

DATE ENTERED: _____

SIBLING INFO: (brother/sister *who currently attend or attended BAJIS*)

NAME(S): _____

CLASS/FORM: _____

YEAR LEFT (where applicable): _____

FOR OFFICIAL USE ONLY

Birth Certificate Pin #

Baptismal Certificate

Seen by: _____

BAJS - Medical History and Immunization Record

(to be signed by Medical Doctor and parent)

Name of Child: _____

Last Name

First Name

Date of Birth: _____ Sex: _____

Place of Birth: _____

Address: _____

Doctor's Name: _____

Telephone no: _____

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 BOOSTER		
	1 ST DOSE	2 ND DOSE	3 RD DOSE
POLIOMYELITIS			
DPT/ HEP B / HIB			
PNEUMOCOCCAL			
WHOOPING COUGH			
YELLOW FEVER			
MEASLES/MUMPS/RUBELLA			
MENINGITIS			

I certify that the information contained herein is correct.

Doctor's Name: _____

(BLOCK LETTERS)

Doctor's Signature: _____

Date: _____

STAMP

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

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. 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: _____

Is there any additional information that would be helpful to the B. A. J. S' Admissions Committee in considering this student's application?

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

Principal of Pre-school:

Print Name: _____

Signature: _____

Date: _____

BISHOP ANSTEY JUNIOR SCHOOL
PRE-SCHOOL STUDENT ASSESSMENT
(To be completed by current Pre-school and returned separately)

Name of Child:

_____ Last Name First Name

Date of Birth: ____/____/____ Age: ____/____/____
dd mm yr dd mm yr

Date of Entry: ____/____/____
dd mm yr

Name of Pre-school:

Address:

Email Address:

Tele. No: _____



Place SCHOOL STAMP here if available

N.B. Kindly ask the Principal of the Pre-school to return this form directly to BAJIS by email admin@bajs.edu.tt or traditional mail to: The Administrator, Bishop Anstey Junior School, Ariapita Road, St. Ann's.

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				
Uses the bathroom independently				
Eats his/her own lunch without assistance				
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				

Are there special areas that may need to be addressed for this student (academic, fine/gross motor, emotional social)?

What are the first three words that come to your mind when characterising this family?

Parent information:

- Co-operation with faculty/administration:
 - Rarely
 - Sometimes
 - Usually
 - Always

- Expectations for student:
 - Unknown
 - Unrealistic
 - Realistic

- Participation in child's education:
 - Rarely involved
 - Sometimes involved
 - Appropriately involved
 - Overly involved