

**THE SALVATION ARMY SCHOOL FOR THE BLIND AND VISUALLY
IMPAIRED CHILDREN**

Admission Application Form

Contact us

Address: 57 Manning's Hill Road, Kingston 8, St. Andrew, Jamaica

Telephone: 876-925-1362, 876-931-9262, Cell: 876-8183915

Email: salvationarmy@moey.gov.jm

Applicant Information:

First Name: _____

Middle Name: _____

Last Name: _____

D.O.B: _____

Gender: _____

Country: _____

Address: _____

Parents/Guardian Contacts

1.Relation to Applicant: _____

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

2.Relation to Applicant: _____

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Educational Information (If applicable)

Current/ last School attended: _____

Last Grade: _____

Daily living skills (e.g. is the child potty train? Is the child able to independently travel?)

Identify any Behavioral, Emotional, and Mental Health Concerns

Identify any medical health concerns

History of Vision loss

PATH Programme

Is the child a beneficiary of the PATH Programme?

Yes ____ No ____

Please provide PATH Registration number: _____

Addition Comment

Information supplied by: _____
Date: _____

Require Documents:

Birth Certificate
Immunization Card
Medical Report
Ophthalmologist Report
Psycho-Educational Assessment (if applicable)
Last school's report (if applicable)
PATH Registration Number
Two passport size pictures