

ARDENNE HIGH SCHOOL - COMMUNITY SERVICE PROGRAMME

10 Ardenne Road, Kingston 10 Telephone (876) 927-8138/927-9519 FAX: (876) 927-4754

AHS/CSP/ASL/2024-2025

Committed to serve as we ... Seek the Best

REGISTRATION FORM

| Name: | | | | | |
|--|--------------|------------------|----------------------------|------|--|
| Class: | _ Но | ouse: | _ Year | to | |
| Date of Birth (DD/MM/YYYY): | | | Age: _ | | |
| Address: | | | | | |
| Student Contact 1 | Information: | | | | |
| Telephone | Nos:: | | | | |
| ■ Email Ada | lress: | | | | |
| Name of Parent/O | Guardian: | | | | |
| Parent Contact In | formation: | | | | |
| Telephone | e Nos.: | | | | |
| ■ Email Ad | dress: | | | | |
| Medical Information: Allergies: Medication: Other: | ation | | | | |
| Sign: Community Service Coordinator Date: | | | Signature of Student Date: | | |
| | | FOR OFFICIAL U | | _ | |
| Grade 9 □ 10 □ 11 □ 12 □ 13 □ | Year | Total Hours Done | Staff Signature | Date | |