**Kingsway High School**

10-12 Osbourne Road, Kingston 10

Telephone: (876)968-5225, (876)968-9179

Fax: (876)908-2050

Email: [kingswayhigh@cwjamaica.com](mailto:kingswayhigh@cwjamaica.com)

**Student Intake Information**

**(To be completed by last school attended)**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what grade did the student enter this school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By what method? GSAT/PEP  GNAT  Transfer  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the student ever suspended? Yes  No If yes, how many times? \_\_\_\_\_\_\_\_\_\_\_

For what reason/s? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the student expelled? Yes  No  - Reason(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Withdrew? Yes  No  - Reason(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any outstanding obligations to be fulfilled by the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social behavior:** *(Indicate, with a tick, your/others observation of the child in the areas below)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Some-times** | **Often** | **Almost Always** | **Comments** |
| **Involved in co-curricular activities** |  |  |  |  |  |  |
| Threatens to hurt or kill others |  |  |  |  |  |  |
| Hurts self or threatens to |  |  |  |  |  |  |
| Bullies others |  |  |  |  |  |  |
| Bullied by others |  |  |  |  |  |  |
| Sexually harasses/abuses others |  |  |  |  |  |  |
| Uses curse words |  |  |  |  |  |  |
| Loses temper easily |  |  |  |  |  |  |
| Disrespectful to authority figures |  |  |  |  |  |  |
| Disobedient to authority figures |  |  |  |  |  |  |
| Easily frustrated |  |  |  |  |  |  |
| Carries a weapon |  |  |  |  |  |  |
| Deliberately destroys property of others |  |  |  |  |  |  |
| Runs away from school and or classes |  |  |  |  |  |  |
| Truancy from school and or classes |  |  |  |  |  |  |
| Blames others for his/her misbehavior |  |  |  |  |  |  |
| Withdrawn reaction when spoken to |  |  |  |  |  |  |
| **Hits or punches others when angry** |  |  |  |  |  |  |

**Intervention(s) by school

Signed by School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Principal/Vice Principal/Dean/Guidance Counsellor)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Stamp/Seal: