



OFFICIAL USE

Ref: \_\_\_\_\_

# APPLICATION FOR CHILDREN TO RESIDE AND ATTEND SCHOOL IN ANGUILLA

## PARENT / GUARDIAN INFORMATION

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____	
Full Name:	Relationship to Child/Children:
Address:	Country of Birth:
Immigration Status: ( e.g., Work Permit, Residence Stamp, Anguillian)	Date of Birth: Day_____ Month _____ Year _____
Telephone Number : Cell _____ Work _____ Home _____ Email Address: _____	
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <i>(if married please complete below)</i>	
Full Name of Spouse:	Telephone Number of Spouse: Cell _____ Work _____ Home _____
Nationality of Spouse:	Date of Marriage: Day_____ Month _____ Year _____
How long have you resided in Anguilla?	Are you employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is your current employer:	How long have you been employed with your current employer?

## CHILD/CHILDREN INFORMATION

How many children are you requesting to reside and attend school in Anguilla?	
Where does the child/children presently reside?	If approved, what School do you intend for the child/children to attend?

**CHILD/CHILDREN INFORMATION***List the child/children's information below as applicable*

<b>Full Name:</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Country of Birth:</b>	<b>Date of Birth:</b> Day_____ Month _____ Year _____	
<b>Who does the child presently reside with?</b>	<b>Does the child speak and/or write English? (If applicable)</b>	

<b>Full Name:</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Country of Birth:</b>	<b>Date of Birth:</b> Day_____ Month _____ Year _____	
<b>Who does the child presently reside with?</b>	<b>Does the child speak and/or write English? (If applicable)</b>	

<b>Full Name:</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Country of Birth:</b>	<b>Date of Birth:</b> Day_____ Month _____ Year _____	
<b>Who does the child presently reside with?</b>	<b>Does the child speak and/or write English? (If applicable)</b>	

<b>Explain why you are requesting the child/children to reside and attend school in Anguilla.</b>

## Immunization Schedule (EPI)

- ⇒ Please note, your child will **not** be permitted to enter Anguilla unless they are in line with the below stated vaccinations.
- ⇒ You are required to ensure their record is up to date **before** submitting this application to the department.
- ⇒ **Failure** to comply will result in a delay of processing this application.
- ⇒ Please see the Immunization Schedule below to be used as a **guide only**.

RECOMMENDED AGE & DOSES		TYPE OF VACCINE
At Birth to		HepB
At Birth to 12 Months		BCG
2 Months/ 1 <sup>st</sup> Dose		OPV or IPV
		Hib+HepB+DPT (Penta)
		Prevenar 13
4 Months/ 2 <sup>nd</sup> Dose		OPV or IPV
		Hib+HepB+DPT (Penta)
		Prevenar 13
6 Months/ 3 <sup>rd</sup> Dose		OPV or IPV
		Hib+HepB+DPT (Penta)
		Prevenar 13
1 Year		MMR
15 Months		Varicella
<b>BOOSTER DOSES</b>		
1yr After/ 18 months 3 <sup>rd</sup> Dose		OPV or IPV
		DPT
1 <sup>st</sup> Booster		Prevenar 13
2 Years		MMR
2 <sup>nd</sup> Booster 4 – 5yrs		OPV or IPV
		Varicella
		DPT
9 Years	1	HPV
	2	
	3	
15 Years & over		DT (Adult)
		OPV
Key		BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; IPV = Inactivated Polio Vaccine; Pentavalent Vaccine = Hib + HepB + DPT
		Hib = Haemophilus Influenza Type B, HepB = Hepatitis B, DPT = Diphtheria, Pertussis, Tetanus Toxoid; DT = Diphtheria, Tetanus Toxoid
		MMR = Measles, Mumps, Rubella Vaccine

**DOCUMENTS FOR SUBMISSION WITH APPLICATION**

- Copy of Passport information page of parent/guardian
- If applicable, copy of status of parent/guardian (for e:g, Resident Stamp, Work Permit, Government Stamp, Etc.)
- If employed, a Job letter from employer of parent/guardian
- Copy of Passport information page of child/children
- **Original and a Copy** of the Birth Certificate of child/children *(a translated copy in English if in any other language)*
- **Original and a Copy** of Official School report for the academic year *(a translated copy in English if in any other language)*
- **Original and a Copy** of Immunization Record for Child/Children *(a translated copy in English if in any other language)*
- A **notarized consent letter** is required if the child/children presently resides with their mother or father

**Please note all original documents will be handed back to the parent/guardian**

**PARENT/GUARDIAN DECLARATION**

By signing below you are confirming that:

1. All original documents submitted with this application are authentic.
2. You will submit the application no later than **(to be decided)**, in order for departmental processing.
3. If the application is approved, you are able to pay the Immigration fee of **EC\$900.00** per child annually.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**Decision of Application**

- Approved**
- Denied — does not meet requirements**



**Signature**

**CEO**

**Signature**

**CIO**