

VICTOR DIXON HIGH SCHOOL

(Formerly West Indies College High School)

A Seventh - day Adventist Institution

APPLICATION BROCHURE

(Applicant's name and address must appear on all forms)



**Motto: WORK, INTEGRITY, DEDICATION
CULTIVATING A CULTURE OF EXCELLENCE**

**Victor Dixon High School welcomes you as an applicant to our
institution.**

C/o Northern Caribbean University

Mandeville, Jamaica, W.I

Telephone: 963-7797-9/963-7801

Email: victordixonhigh@yahoo.com

MISSION STATEMENT

Victor Dixon High School, a Seventh – Day Adventist Co-educational Institution offers quality Secondary Education in a Christian atmosphere through the active integration of faith and learning, conducive to the harmonious development of the total persons empowered for service.

AFFILIATION

Victor Dixon High School is owned and operated by Northern Caribbean University which is owned and operated by the West Indies Union Conference of Seventh-Day Adventists which has its headquarters in Mandeville.

BELOW ARE THE STEPS IN APPLYING

1. Complete information sheet with the non-refundable application fee of Five Hundred Dollars
2. Required:
 - Last 2 school reports or a transcript must be mailed
 - Recommendations: one from Principal of your last school and one from a Pastor, Justice of Peace or Notary Public
 - Two Passport size photographs
 - Completed Parent Character Reference Form (In-transfer grades 8-11)
 - Completed Student Conduct Assessment Form
 - Copies of birth certificate and immunization card
 - Completed medical and dental forms enclosed
 - Entrance exams if necessary and an interview with parent/guardian
 - General Registration Fee: Nine Thousand Eight Hundred (\$9,800.00)
 - Government Students: Nineteen Thousand Five Hundred Dollars (\$19,500.00)
 - P.E.P results for primary level graduates
3. All documents submitted to complete this admission become the property of Victor Dixon High School and cannot be transferred to another institution.

ORIENTATION

Prior to the beginning of the school year, new students are required to attend an Orientation Programme for two days just prior to the official beginning of the school year. During this programme, the chief officials of the institution are introduced to the students, and areas of our programme and rules are also discussed. Parents or guardians are expected to be in attendance for the first day.

REFUND POLICY

If a student voluntarily withdraws, the following refund policy applies. Where the student is advised to withdraw there is no refund.

Beginning of the term	1-2 weeks	-50% refund
After	3-4 weeks	-30% refund
After	4 weeks	-No refund

To be completed
By your Pastor

VICTOR DIXON HIGH SCHOOL

(Formerly West Indies College)

Admission Application

NAME OF APPLICANT _____

HOME ADDRESS _____

To the person completing this form:

The student whose name appears on this form has applied for admission to the Victor Dixon High School. Your evaluation of applicant’s fitness for acceptance by this institution will be greatly appreciated. All information will be treated with strict confidence. Kindly mail or fax the completed form to the registrar, Victor Dixon High School, May Day Road, c/o NCU, Mandeville, Jamaica, W.I. Please do **not** deliver this form to the applicant.

Please use a check mark to indicate your opinion.

- Highly recommend
- Recommend
- Reluctantly recommend
- Cannot recommend

I have known tis applicant for _____ years _____ months.

Please make sure a statement on the applicant’s general attitude and behavior.

Name _____ (Mr. Miss. Mrs. Dr.)

Signature _____ Position _____

Denomination/Religion _____ Telephone _____

Address _____ Fax _____

Email _____ Date _____

To be completed by
your school Principal
or Vice Principal

VICTOR DIXON HIGH SCHOOL

(Formerly West Indies College)

Admission Application

NAME OF APPLICANT _____

HOME ADDRESS _____

To the person completing this form:

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- Highly recommend
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I have known this applicant for _____ years _____ months.

Please make sure a statement on the applicant's general attitude and behavior.

Name _____ (Mr. Miss. Mrs. Dr.)

Signature _____ Position _____

Denomination/Religion _____ Telephone _____

Address _____ Fax _____

Email _____ Date _____

VICTOR DIXON HIGH SCHOOL

(Formerly West Indies College)

Physical Examination Record

Students and/or parents may fill out this sheet. All medical, laboratory and dental work must be done before registering at Northern Caribbean University. **A copy of your immunization card or statement showing immunizations certified by your doctor/nurse/clinic is required.**

Name: _____ Sex: Female Birth Date: _____
 LAST FIRST MIDDLE Male

Home Address: _____
 Street and Number City Parish/Province/State Country
 _____ Email _____

Telephone: _____ (HOME) _____ (WORK) _____ (MOBILE)

Marital Status: Single Married Divorced Separated Widowed

Nationality: _____ Age: _____

Person(s) to notify in an Emergency Situation:

Name: _____ E-mail: _____

Telephone: _____ (HOME) _____ (WORK) _____ (MOBILE)

Address _____
 Street and Number City Parish/Province/State Country

PERSONAL HISTORY - Please indicate if you have had any of the following illnesses:

- Allergies Anaemia Anxiety Tension Illnesses requiring medication
 Dysmenorrhoea Back Trouble Thyroids Ulcer (stomach) Major Difficulty
 Brain Concussion Poliomyelitis Cancer Chicken Pox Cold (frequent)
 Diabetes Mumps Sinusitis Ear Trouble Bone or Joint Disorders
 Epilepsy or Fits Fainting Attacks Fatigue Whooping Cough Speech Difficulty
 Hay Fever Headache Heart Disease Typhoid Mental Disorder
 Hepatitis Hernia Meningitis Minor Pressure Tonsillitis
 Kidney Trouble Jaundice Asthma High Blood Pressure Measles Sleeplessness
 Blood in Urine Lung Disorder Influenza Menstrual problems requiring drugs

Please answer yes or no to the following questions. If the answer is yes, please explain (in the space provided)

Yes No Other illness. If yes, please state condition

Yes No Have you had any accidents? If yes, please state type of accident and subsequent effects

Yes No Do you have any physical disabilities? If yes, please state condition

Yes No Have you had any fractures? If yes, please state body area

Yes No Have you had any surgery? If yes, please state

Yes No Do you take any medicine regularly? If yes, please state the medication

Yes No Have you ever had any allergic reaction to serum or drugs? If so, please explain

Yes No Are you presently on medication?

Yes No Do you use illegal drugs?

Medical Treatment within the past 5 years

DATE	Name and address of Physician Consulted		Reason	
	Yes	No	Yes	No
Family	Yes	No		
Diabetes Mellitus				
Heart Disease				
Epilepsy or fits				

Please take completed immunization card along with a photocopy

IMMUNIZATIONS	Had Disease (Approximate Date)	Immunization Date
---------------	--------------------------------	-------------------

Rubella – German Measles		
Measles		
Mumps		
Diphtheria		
Tetanus Toxoid		
Polio		

We, the undersigned, parent(s)/guardians of the above named student do hereby authorize any officer or member of the faculty of Victor Dixon High (or) (their) agent(s) in the case of sudden illness and/or stroke or injury to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service which is deemed necessary by, and is to be rendered under the general or special diagnosis is rendered at the office of said physician, or at a hospital.

Consent is hereby granted by the undersigned to release all pertinent medical histories and physical findings to the aforementioned physician.

Date _____

Witness _____
(Name) (Signature)

Student _____

Witness _____
(Name) (Signature)

Father/ Guardian _____

Witness _____
(Name) (Signature)

Mother / Guardian _____

Do you consider this student physically and emotionally able to undertake the programme to be pursued? Yes No

Are you the applicant's regular physician? Yes No

Is a normal class load advised? Yes No

Is there any medical care to be conditioned while the person is attending school? Yes No

If yes, state

Are there any specific health problems or precautions?

○ **This medical is valid for 2 ½ school years**

- Students in 2nd form or above will be required to do a drug test.

Name & Address of Family Physician or Public Health Nurse/Nurse Practitioner

Name: _____ Telephone _____

E-mail: _____

Address _____
Street and Number City Parish/Province/State Country

I, the applicant, certify that the information provided on this Physical Examination Record is true and complete:

Signature: _____ Date: ___/___/20___
dd / mm / yy

DENTAL REPORT

(Place an X through an unreplaced missing tooth and an O around a carious tooth)

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	19	18	17		

Is there an evidence of periodontal disease? Yes No

If dental work is to be done, do you feel it is Routine Emergency

Recommendations:

Name of dentist: _____ Date of examination: _____

(Name)

(Signature)

Address of Dentist _____ Telephone #: _____

EVERY ITEM ON THIS SHEET
MUST BE COMPLETED BY THE PHYSICIAN

Name of Applicant: _____

Height: _____ Weight: _____

Vision and pupils: without glasses – R _____ L _____ with glasses – R _____ L _____

Hearing and eardrums: R _____ L _____

Temperature: _____ P _____ R _____

Blood Pressure: _____

Head, face, neck, thyroid, scalp _____

Nose: _____ Sinuses: _____

Mouth and teeth: _____ Tonsils: _____

Lungs and chest including breasts: _____

Heart (thrust, size, rhythm, sounds): _____

Lymphatus: _____ Abdomen: _____

Vascular System: _____ G.U. Systems: _____

Narcotic / Alcohol findings: _____

Strength

Upper and lower extremities _____ R.O.M: _____

Spine, other muscular skeletal: _____

Feet: _____ Skin: Fungi _____ Ringworm _____ Other _____

Neurologist, reflexes, coordination: _____

Body marks, scars or tattoos: _____

Psychiatric (personality deviation): _____

General Systemic: _____

Rectal if indicated: _____

Pelvis if indicated: _____

Laboratory Findings (Current)

Haemoglobin: _____ Urinalysis _____

V.D.RL.: _____ Sickle Cell: _____

To be completed by
the Applicant

VICTOR DIXON HIGH SCHOOL

(Formerly West Indies College)

Admission Application

In preparing this application form, please type or print in ink. Mail or take the completed form to the Registrar. Victor Dixon High School, May Day Road, Mandeville, Jamaica. W.I. Your transcript and other forms are also to be sent to the registrar.

Personal Information

Name: _____ Sex: Female Birth Date: _____
 LAST FIRST MIDDLE Male

_____ Street and Number City Parish/Province/State Country

Place of Birth: _____ E-mail: _____

Home Address:

Telephone: _____ (HOME) _____ (WORK) _____ (MOBILE)

Nationality: _____ Age: _____

Religion: SDA Other _____ How long? _____ Cont. (if SDA) _____

Family Information

Father's Name _____ Mother's Name _____

Address _____ Address _____

Phone _____ Phone _____

Academic Information (Circle one)

I am a high school Student presently in form 1 2 3 4 5

I am a Primary or Junior High school student in grade 4 5 6 7

List names of School attended

SCHOOL	ADDRESS	GRADE/ FORM COMPLETED
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Examination(s) taken and grades received

(a) List GSAT subjects, indicate grade and passed. Mathematics _____ English _____
Science _____ Social Studies _____ Communication Task _____

(b) List G.C.E subjects and grades received _____

(c) List C.X.C subjects and grades received _____

(d) Other external exam passed including subject and grade _____

Upper High School the following streams are offered: Arts, Business & Science

If you have already completed Form 3/Grade 9, indicate the stream you are interested in

Arts Business Science

DATE OF ENTRY:

Our school year begins in September. Only transfer students may gain entrance in January or April. All applicants for September should be received by July 31.

I plan to enter the Victor DIXON High School in

Year _____ September _____ January _____ April _____

Students who will require boarding must first get approval from the school.

The school reserves the right to approve the places where students may board.

Name of person with whom student will live _____ Relationship _____

Address

Phone #: _____

Signature of Guardian _____ Financial Responsibility _____

I, _____ am responsible for the finance of the applicant and promise to fulfill all financial obligations on time.

Address _____ Signature _____

Telephone: _____ Email: _____

Signature of Applicant _____

SUMMARY OF CODE OF CONDUCT

It is our hope that all students accepted at our school will maximize all the opportunities, which will be made available. A code of conduct has been developed for your general guidance. The following is a summary of these guidelines.

MAINTENANCE AND SAFETY

You are required to assist in the general clean up of your workstation and classroom, to be punctual for all classes, meetings and functions of the school. Safety regulations must be adhered to at all times.

PUNCTUALITY

You are required to be at school by 7:55 a.m. in the mornings every school day. School will end at 3:00 p.m. in the afternoons Monday to Thursday and by 2:00 p.m. on Fridays. No student will be allowed to leave the school compound during school hours, except on the written instruction of a parent or guardian.

HAIR ACCESSORIES AND STYLE

Girls are permitted to wear hair accessories of the following colours only:

- White, black and transparent

Boys and Girls

Students should have their hair well groomed at all times, and boys hair should be no more than one inch with unstyled hair cut. Extreme hairstyles, hair extensions, hair colouring, beads and elaborate marking in the hair are prohibited. The school reserves the right to say what styles are acceptable.

JEWELLERY AND MAKE UP

Students are not permitted to wear earrings, necklaces, rings and other forms of jewellery while wearing their uniform, whether on or off campus. Apart from school badges and pin issued by the school to students, pins and badges are not permitted. The wearing of lipstick, eye shadow, nail polish, and other forms of conspicuous makeup are forbidden. Students are not permitted to wear jewellery or make up to school functions even if they are not in uniform. Visible tattoos on arms and legs etc. are not permitted.

SCHOOL MEETINGS

Parents/Guardians are expected to attend school meetings at least once per term as well as when called or summoned by the school.

BLAZERS AND SWEATERS

In cold weather students may find it necessary to wear extra clothing. A blazer is prescribed to meet this need. It must be navy-blue, black or grey. Students are permitted to wear white or black sweaters, and pullovers must not conceal the shirt collars or neck line. Boys may wear brown or dark blue. In all cases, solid colours must be used.

Merits, detention, demerits, suspensions may be used to help in promoting improved student behavior/performance.

OFFENCES – These incur disciplinary measures

An offense may include but is not limited to anyone of the following:

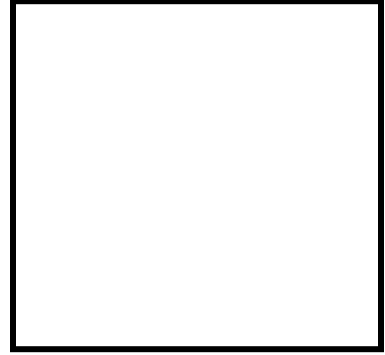
- Disturbance of classroom activities
- Encouraging - inciting fights and disturbing the peace
- Violation of dress code (tight pants/slim cut spangie or boot cut pants. Girls uniforms must be below the knee at all times.
- Violation of gate clearance procedures
- Attending the cinema, bar, game shop or other questionable places of amusement while in uniform
- Using curse words, profane, vulgar, or calumnious expressions
- Clandestine meeting with members of the same or opposite sex
- Disseminating anti- Christian philosophies
- Disrespect and insubordination towards authority
- Operating partner schemes or gambling or unauthorized gaming school
- Peddling and/or vending on campus
- Carrying cell phones to school/unauthorized use of electronic devices
- Participating in satanic games/schemes
- Skin bleaching
- Constantly wearing blouse outside or shirt out of trousers

- Persistently late for school
- Calling outsiders to deal with conflict at school
- Gang or ganglike behaviour

CRIMINAL OFFENSES

- Assaulting the person or willfully destroying property of another /school
- Possession of pornographic material on devices or publications.
- Possessions of, using, distributing or attempting to distribute narcotic or non-prescribed drugs.
- Theft, forgery
- Threat to harm injury or taking a life.
- Possession of dangerous and illegal weapons on or off school grounds, (i.e. Knives, ice picks, guns; etc) and other instruments not conducive to a safe school environment including – razors, screwdrivers, acid or other corrosive liquids, sharpened objects etc.

Pledge to be filled in duplicate and one given to parent/guardian of student, and one filed



STUDENTS'/ PARENTS/GUARDIAN PLEDGE/CONTRACT

I have read the Victor Dixon High School Student Handbook and the summary of the Code of Conduct, and I have found their recommendations and regulations in keeping with the principles of Christian education.

Specifically, I pledge to obey the requirements of the High School, as follows:

1. I will abide by the code of Conduct and the regulations set out in the Student Handbook.
2. I will ATTEND Classes, Chapel, Class Devotion, Special Services and work appointments, as required.
3. I will strive to achieve academics excellence.
4. I will obey the High School's DRESS STANDARDS, because a person's character is judged by his style of dress and that "a refined taste and a cultivated mind will be revealed in the choice of simple and appropriate attire".
5. I will co-operate with, and support, these and ALL other standards and regulations of Victor Dixon High School.

Student's Name: _____

Signature: _____

Home Address: _____

Signature of Parent/Guardian: _____ Telephone #: _____

Address _____ Date: _____

In order to be admitted to Victor Dixon High, you must complete and submit this form with your application.

Victor Dixon High School

May Day Main Road, Mandeville, Jamaica, W.I.
Telephone: (876) 963-7797, 963-7798, 963-7799, 963-7801
Email: victordixonhigh@yahoo.com

PARENT CHARACTER REFERENCE FORM

(To be completed by Transfer Students and External Sixth Form Applicants)

This section of the form should be completed by one of the following persons from the candidate's last attended school; the Principal, Vice-Principal, Guidance Counsellor or Form Teacher. **No other member of staff is authorized to complete this form.** This form **MUST** be completed in its entirety. If it is discovered that any information on this document is false or that the document was completed by a person not authorized to do so, this will render your application void and the candidate will not be considered for acceptance.

Parent Information

Name of parent with whom the student lived while enrolled at your school: _____

Relation to student: Mother Father Grandparent Aunt Uncle Other: _____

Address: _____

Contact #: (Cell) _____ (Work) _____ (E-mail) _____

Student's Name: _____ Previous Grade: _____

Character Evaluation

Question

1. How often is the parent summoned to school to address disciplinary matters?

Responses

Very often Often Rarely Very rarely Never

2. How often is the parent involved in physical altercations at school?

Very often Often Rarely Very rarely Never

3. How often is the parent involved in verbal altercations at school?

Very often Often Rarely Very rarely Never

4. How often does the parent NOT attend when summoned to the school?

Very often Often Rarely Very rarely Never

5. How often does the parent attend PTA meetings?

Very often Often Rarely Very rarely Never

6. How often do school officials interact with the student's father?

Very often Often Rarely Very rarely Never

7. How often do school officials interact with the student's mother?

Very often Often Rarely Very rarely Never

8. How would you describe the parent's demeanor when addressing staff? _____

9. Was the parent a part of any school committees or serve in any leadership capacity at your school? Yes No

10. How would you describe the parent's interaction with the student? Yes No
The parent/guardian is in clear control of the student
The parent/guardian has difficulty controlling the student
The parent/guardian is unwilling to control the student

Declaration

As an authorized member of the above named school's administration, I hereby declare that the information provided is accurate to the best of my knowledge.

*Name of Authorized
School Official*

*Signature of Authorized
School Official*

Victor Dixon High School

May Day Main Road, Mandeville, Jamaica, W.I.

Telephone: (876) 963-7797, 963-7798, 963-7799, 963-7801

Email: victordixonhigh@yahoo.com

STUDENT CONDUCT ASSESSMENT FORM

This section of the form **MUST** be completed by the Dean of Discipline of the candidate's last school attended. If the school has no Dean of Discipline, the form can be completed by the Principal, Vice-Principal, Guidance Counsellor or Form Teacher. **No other member of staff is authorized to complete this form.** This form **MUST** be completed in its entirety. If it is discovered that any information on this document is false or that the document was completed by a person not authorized to do so, this will render your application void and the candidate will not be considered for acceptance.

Student Information

School Name: _____

School Address: _____

Contact #: (Landline) _____ (Fax) _____ (E-mail) _____

Student Name: _____ Previous Grade: _____ Date: ____/____/____

Parent/Guardian Name: _____ Relation to candidate: _____

Conduct Evaluation

Question

1. Has this student been expelled from school? Yes No
2. Was the student/parent asked or encouraged by a school official to "change environment"? Yes No
3. Was the student withdrawn from school on the request of the parent/guardian? Yes No
4. Has this student ever been suspended from school? Yes No
5. Has this student ever been involved in a fight? Yes No
6. Has this student ever been found in possession of a weapon of any kind? Yes No
7. Has this student ever been in any physical altercation with a member of staff? Yes No
8. Has this student ever been in any verbal altercation with a member of staff? Yes No
9. Has the student ever been reprimanded for rudeness or defiance directed at any member of staff? Yes No
10. Has this student ever been referred to the Principal or Vice-Principal to address his/her conduct? Yes No
11. Has this student ever been reprimanded for a dress code violation? (Tight skirt/tunic etc.) Yes No
12. Has this student ever been reprimanded for possession of contraband? (cell phone, music players etc.) Yes No
13. How would you describe this student's interaction with other students? Yes No
14. How would you describe this student's interaction with staff? Yes No
15. How would you describe the student's interaction with his/her parent/guardian? Yes No

The parent/guardian is in clear control of the student's conduct

The parent/guardian has difficulty controlling the student's conduct

The parent/guardian is unable or unwilling to control the student

Declaration

As an authorized member of the above named school's administration, I hereby declare that the information provided is accurate to the best of my knowledge.

**Name of Authorized
School Official**

**Signature of Authorized
School Official**