



St. George's University Immigration/Emergency Information

STUDENT'S NAME: _____ DATE OF BIRTH _____

PROGRAM: _____ PRECEDING TERM: _____

The following personal information is on record with the University. Please take this time to look over this information and make any necessary corrections by crossing out incorrect information and legibly printing the correct information above it. Also, complete any missing information. The University must have all data to process your registration, so if you have any questions or concerns, please see a representative from the Registration Team.

PERSONAL INFORMATION:

Citizenship: _____ Passport #: _____ Green Card #: _____

Marital Status: single married divorced Total # of dependents (staying with you for the term) : Aged 18+ _____, Under 18 _____

PERMANENT MAILING ADDRESS: _____

PRESENT LOCATION:

ON-CAMPUS ROOM: Campus: True Blue or Grand Anse
Building: _____ Suite: _____ Room: _____

OR OFF-CAMPUS LOCATION: Family Home or Rental
Location/Address: _____

Area & Parish (ie. The Limes, St. George's)

Nearest Landmark: _____

If rental, Landlord's Name: _____

If rental, Landlord's Phone#: _____

LOCAL PHONE # : _____

PERSON TO CONTACT IN CASE OF EMERGENCY (family, significant other or friend):

Name: _____ Phone #: _____

Address: _____

Fax #: _____ E-Mail: _____

PRIMARY CARE PHYSICIAN OR PHYSICIAN RECORD:

Name: _____ Phone #: _____

Address: _____

Fax #: _____ E-Mail: _____

MEDICAL INSURANCE :

Carrier: _____ Policy #: _____

Address: _____ E-Mail: _____

Phone #: _____ Fax #: _____

****Please provide a copy of insurance card****

I verify that the above information is accurate _____

(signature)

(date)