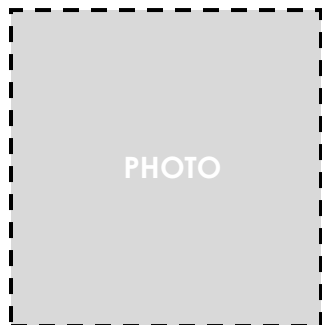


STUDENT ENROLLMENT APPLICATION

Child's National Insurance No.:



NUMBER OF SIBLINGS: 1 2 3 4 5 6 7 8 9 10

Please list their ages:

(PLEASE PRINT)

For processing to take place, please ensure that all relevant parts of this application is completed accurately.

Child's First Name: _____ Child's Last Name: _____

Child's Age: _____ Date of Birth: Sex: Male Female

Country of Birth: _____ Religion: _____ First Language: _____

Language spoken in the home: _____

Circle all that apply: Father is Deceased Mother is Deceased Parents Divorced Parents Separated

Father Remarried Parents Separated Mother Remarried Parents never married

Child lives with his/her: Mother Father Both Grandparents Guardian listed below:

BATHROOM HABITS

Is the child able to advise his or her wish to use the bathroom? Yes No

What word is used for Urination? _____

What word is used for a bowel movement? _____

Does the child have regular accidents? Yes No

Does the child need help with toileting? Yes No

Does the child wet his or her bed at night or at nap time? Yes No

PREVIOUS EDUCATION

Please provide the name of the school your child currently attends:

The year they started at this school: _____

School Address: _____

Other schools attended in the last 3 years:

School Name: _____ City: _____ Country: _____

Why are you considering removing your child from the aforementioned school? _____

When would you like your child to begin with Greyford Academy?

Immediately

January

September

Please note that Greyford Academy reserves the right to refuse any child if we feel the institution is not the right fit for the child or vice versa.

FAMILY INFORMATION

Mother's Information

Mother's First Name: _____ Mother's Last Name: _____

Nationality: _____ City: _____ Country: _____

Mobile Phone: _____ Home Phone: _____

Personal Email: _____

Place of Employment: _____ Employer's Address: _____

Department: _____ Work Phone: _____

Work Email: _____

Father's Information

Father's First Name: _____ Father's Last Name: _____

Nationality: _____ City: _____ Country: _____

Mobile Phone: _____ Home Phone: _____

Personal Email: _____

Place of Employment: _____ Employer's Address: _____

Department: _____ Work Phone: _____

Work Email: _____

To what email address /s should bills be sent? _____

CHILD'S MEDICAL HISTORY

Name of the child's Primary Physician: _____

Business Address: _____ Telephone: _____ Mobile: _____

Please indicate by circling any communicable disease your child may have:

Measles Mumps Chicken Pocks Other: _____

Does your child have any physical disabilities or reasons why they may be unfit to conduct a usual active filled day of school: _____

Please provide any known allergies: _____

Please provide any medication your child may be allergic to: _____

Please provide any medication given to the child regularly: _____

Should we be aware of any **health** needs or medical history the child may have that may interfere with normal performance in regular classes or in the athletic program? _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, in which case neither parent can be reached, the following persons are authorized to function as guardians of my child and may be notified of the emergency. They also serve as authorized persons for pick up. *Please place contacts in the order that you would like contact to be made.*

First Name: _____ Last Name: _____

Relationship: _____ Phone (1): _____ Phone(2): _____

First Name: _____ Last Name: _____

Relationship: _____ Phone (1): _____ Phone(2): _____

First Name: _____ Last Name: _____

Relationship: _____ Phone (1): _____ Phone(2): _____

AGREE & DECLARE

As a parent of any child enrolled here at **Greyford Academy**, you understand that with or without a signature applied to this document, by the mere act of enrollment and day to day drop off and pick up, you agree to not only comply with the rules of our school but to ensure that your child also complies.

You further understand that the completion of this document is necessary for proper record keeping on every child and to allow us as an institution to respond to emergencies that may involve your child within a manner that is in alignment with their unique needs and with swift action. The completion of this document therefore is a requirement to the enrollment of your child in any Greyford Academy program, be it our afterschool programs, our regular 8am to 3pm curriculum, our extra curricular or summer programs.

Greyford Academy is a Christian School and therefore is guided exclusively by Christian principles.

You understand that Greyford Academy fees are non-refundable and are also non-transferrable between Greyford products.

You understand that Greyford Academy does not assume credit for any reason, be it sick days taken, vacation days, book fees, uniforms, breakfast or lunch program, nor the withdrawal of your child from a Greyford School program. All Fees and Tuition payments are final.

Tuition payments are required by the term and is due on the

18th of March , 18th of August , and the 18th of November

Those that have applied for financial aid and are on our Monthly Payment Arrangements,

Payments are due on the 15th monthly.

Greyford provides a 3 day grace period for regular school fees, after which a late fee of \$20 per day is applied to your child's account. This is the only notice regarding late fees that you will receive, as they are automatically applied to your account.

All of the aforementioned payments are advance payments and therefore failure to make a payment will prohibit your child from being permitted to class .

You hereby understand that whether your child is sick or absent from school, as long as they have been enrolled, you are required to pay school tuition for the entire school year. Your signature also indicates that as a parent, you will not hold Greyford Academy responsible for any injuries, sickness, or medical expenses that may involve your child/children during school operational hours nor during field trips, whether or not your school accident insurance fee is paid.

I have read the general conditions of enrollment outlined above and agree to the same. If I decide to withdraw my child from Greyford Academy, prior to graduation, I agree to provide one full term's notice in writing or if I fail to provide the required notice, I agree to pay a full term's fees in lieu of a failure to notify.

I understand that I will not receive any student records until written notice is provided and payment made. (The notice period does not include July & August)

This application, when signed, constitutes a contract, subject to the laws of the Commonwealth of The Bahamas. I understand that intentionally providing incorrect information can lead to the termination of this contract and the enrollment of my child at Greyford Academy.

Full Name of Student: _____

Full Name of Parent/Guardian: _____

Signature Of Parent/Guardian: _____ Date of Signature: _____

PLEASE NOTE GREYFORD ACCADEMY **DOES NOT ACCEPT PARTIAL APPLICATIONS**. NOT ALSO THAT YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE ITEMS LISTED BELOW:

ALL OF THE FORMS MENTIONED BELOW MAY BE FOUND ON OUR WEBSITE UNDER **ENROLLMENT FORMS**

FOR OFFICIAL USE ONLY

- Completed Enrollment Application Form
- Copy of the child's Birth Certificate
- A copy of the photo page of the child's Passport
- Copy of NIB Card
- A copy of the child's immunization records.

- A Passport Photo of the child (attached to the top of this application)
- Negative Covid Antigen Test
- A completed Covid19 Declaration Form
- A completed Minor Release Form
- A completed Insurance Form
- A completed Medical Form
- Proof of payment: Non-Refundable Seat Fee
- Proof of payment: Non-Refundable Registration Fee
- Proof of payment: Term Tuition
- Parent/s were interviewed by the School Director.
- Has purchased at least 1 uniform set for the child.

Decision of the **Principal and Administrative Team:**

- Accept
- Accept pending admission Test
- Accept on 3month Probation
- Add to Waiting List for January
- Add to Waiting List for September
- Decline

Assessment Testing Date Agreed To: _____

Notes: _____

Today's Date: _____

Director's Signature: _____