



KINGSWAY ACADEMY ELEMENTARY SCHOOL  
 P.O.BOX N 4378  
 NASSAU, BAHAMAS  
 TEL: 324-2158/324-5049 FAX: 364-6306

1 Picture only  
 Stapled

**STUDENT APPLICATION FORM**

For Office Use Only

Grade applicant wishes to enter		Schedule testing date and time	
Test grade		Family child	Staff child
Assigned grade		Kingsway Alumni	Yes No
Assigned house		Seat fee/Enrollment #	
National Insurance #		Testing Fee	

**(Complete all sections in capitals)**

**A PERSONAL INFORMATION**

Name: Surname:				First name:		Second name:	
Birth day:	M	D	Y	Present Age:	Years	Months	

Country of birth:				Present nationality:			
Sex (please tick)	Male		Female				
Church presently attending:							

**Please state who should be billed for school fees.**

Name	P.O.Box	Telephone#
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**B SCHOOL HISTORY**

List all schools, which the child has attended including one presently attending in chronological order.

Name of school	Address	Present grade

**C FAMILY INFORMATION**

(i) Parents/guardians. (Complete all sections)

NB - Fill in the column headed guardian only if the child does not live with the parents.

	Father	Mother	Guardian
Full Name			
Street Address			
P.O.Box Number			
Home Telephone			
E-Mail Address			
Place of Employment			
Cell Phone			
Work Telephone			
Religion			
With whom does the child live? (tick)			
Single/Married/Divorced/Widowed/Separated			

(ii) List below all brothers and sisters. State whether a present or former Kingsway student and if so state his/her grade.

Name	Age	Kingsway Student Yes/No	Grade

(iii) Please give below the name and daytime phone number of a person other than above who could be contacted in the event of an emergency.

Name		Telephone#
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**D HEALTH**  
**Please attach a copy of Immunization Card**

Name of Doctor/Physician		Telephone#
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Is the applicant presently covered by any health insurance?	Yes		No	
Name of Insurance Company				
Description of applicant's general health				
Can the applicant participate in a full physical education programme?	Yes		No	
If No to above please give details.				

List all childhood sickness/ diseases the child has had and approximate dates, if known.

Sickness/Disease and date	Sickness/Disease and date

**Give details of any special health or physical defects, which the child still may have (e.g. heart disease, convulsions, epilepsy, headache, asthma, kidney problems, clubfoot, etc).**  
**NB: If the child is known to have AIDS or has tested positive for the HIV virus this must be indicated. Failure to disclose this information will result in the immediate dismissal of the child if the school finds subsequently that he/she is infected.**

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List below any emotional problems of which the school should be aware.

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List below any surgical operations, which the child has had, and the approximate date.

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Give details below of anything relating to your child which has not been covered above and which might be helpful to the teachers.

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I CERTIFY THAT **ALL** INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian

**NOTE** The information on this form is treated as confidential data. If your child comes to Kingsway, it will make up part of his/her confidential file. If he/she does not come, the entire form will be destroyed.