



KINGSWAY ACADEMY HIGH SCHOOL

A leading interdenominational, Christian school providing "whole person" education with Christian values from kindergarten through high school.... Since 1959

"Train up a child in the way he should go..." Proverbs 22:6

STUDENT APPLICATION FORM

PLACE
PHOTO HERE
(OFFICIAL USE ONLY)

NAME OF APPLICANT: (please print): _____

TEST FOR GRADE _____ **KINGSWAY ALUMNI: Yes** _____ **No** _____

PRESENT SCHOOL: _____ **GRADE** _____

ADDRESS OF SCHOOL: _____

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

I. PERSONAL INFORMATION

NAME	SURNAME	MIDDLE	FIRST
DOB (M/D/Y)	MONTH	DAY	YEAR
PRESENT AGE	YEARS	MONTHS	
GENDER (please tick <input type="checkbox"/> one)	MALE	FEMALE	
COUNTRY OF BIRTH:			
NATIONALITY:			
PASSPORT NUMBER:			
NATIONAL INSURANCE NUMBER:			
WITH WHOM DOES THE CHILD LIVE:			

II. FAMILY INFORMATION

	FATHER	MOTHER	GUARDIAN
FULL NAME			
AGE			
STREET ADDRESS			
P.O. BOX NUMBER			
HOME TELEPHONE			
CELLULAR TELEPHONE			
WORK TELEPHONE			
EMAIL ADDRESS			
PLACE OF EMPLOYMENT			
RELIGION			
CHURCH ATTENDING			
STATE: SINGLE/MARRIED/DIVORCED			

- Please state who should be billed for school fees

TITLE: (MR. /MRS. /MS.)	NAME	P.O. BOX & CITY

- Please give below the name and daytime phone of person(s) other than the above who should be contacted in the event of an emergency:

EMERGENCY CONTACT 1	SURNAME	SECOND	FIRST
EMERGENCY CONTACT 1 PHONE		RELATIONSHIP TO STUDENT:	
EMERGENCY CONTACT 2	SURNAME	SECOND	FIRST
EMERGENCY CONTACT 2 PHONE		RELATIONSHIP TO STUDENT:	

- List below ALL brothers and sisters

NAME	AGE	KINGSWAY STUDENT (YES/NO)	IF YES, WHICH GRADE?
1.			
2.			
3.			
4.			
5.			
6.			

III. SCHOOL HISTORY

- List ALL schools which the child has attended, including the present one, in chronological order:

NAME OF SCHOOL	ADDRESS	GRADES COMPLETED
1.		
2.		
3.		
4.		
5.		

IV. EXAMINATION RECORD

- List any National or Standardized exams the child has taken (e.g. BJC/RSA/BGCSE/PSAT/SAT)

NAME OF EXAMINATION	SUBJECT(S) TAKEN	GRADE(S) OBTAINED
1.		
2.		
3.		
4.		
5.		

V. HEALTH

Please attach a copy of Immunization Card.

Is the applicant presently covered by health Insurance?		No	Yes	
Name of Insurance company:				
Description of applicant's general health:		Very Good	Good	Poor
Details of any eye problems:				
Details of any hearing problems:				
Is the applicant asthmatic?		Yes	No	
Is the applicant diabetic?		Yes	No	
Can the applicant participate in a full physical education program?			Yes	No
If "No" above please give details:				

- List all sicknesses/diseases/Medical Conditions the child has had and approximate dates, if known:

Sickness/Disease	Date

- Give details of any special health issues or physical defects which the child currently has (e.g. heart disease, convulsions, epilepsy, headache, asthma, kidney problems, 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.

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

- List any surgical operations which the child has had and the approximate date:

Type of Operation	Date

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

Signature of Parent/Guardian:	Date:
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