



TEMPLE CHRISTIAN SCHOOL

*Tel: (242) 325-1119/325-3245
Fax: (242) 325-3260
Fourth Terrace, Collins Avenue
P.O. Box N-1566
Nassau, Bahamas*

"Teach Me, O Lord, Thy Way"...Psalm 119:33

STUDENT APPLICATION FORM

Instructions:

1. Complete application
 2. Submit the following items with the application:
 - a) Registration & Seat Fee \$125.00 (Upon acceptance of application)
 - b) Immunization Card (K3 – Gr.6)
 - c) Previous School transcript(s)
 - d) Birth Certificate
 - e) Completed Student Physical Form
- NOTE:** The application will **not** be processed if any item is missing

A. PERSONAL INFORMATION

Applicant's Full Name: _____
Last First Middle

Date of Birth: _____ Age _____ Male Female

Present Address: _____ Tel. (Home) _____
Street P.O. Box

Previous School: (List all schools in order)

Name of School	Address	Year/Month Completed	Grade

Applying for Grade: _____

B. FAMILY INFORMATION

Status of parents Married Separated Divorced Remarried Single

Father's Name: _____ Tel. (Home): _____

Place of Employment: _____ Tel. (Work): _____

Occupation: _____ Cell Phone: _____

Email address: _____

Mother's Name: _____ Tel. (Home): _____

Place of Employment: _____ Tel. (Work): _____

Occupation: _____ Cell Phone: _____

Email address: _____

Brothers and Sisters (under 18 Years)

Name	Age	School Attending

Religious Denomination: _____

Church Attends: _____ Regularly? Yes No

Name of Guardian: (if other than parents): _____ Relation _____

Tel. (Home): _____ Tel. (Work): _____

Applicant's grades have been : Superior Above Average Average Below Average

Has applicant failed or repeated any grade level? Yes No

(If yes, please explain) _____

C. EMERGENCY CONTACT (Responsible adult to contact if parents can't be reached)

Name: _____ Tel: _____

Relation to child: _____

D. HEALTH INFORMATION (Please complete in detail)

Describe child's general health: _____

Eyesight: _____ Hearing: _____

List all childhood diseases child has had. Please indicate the year, if known.

Indicate which immunization shots your child has had. Give dates. Please provide supporting documents.

Diphtheria, Pertussis & Tetanus: _____

Measles: _____ D.P.T. Boosters: _____

Small Pox: _____ Polio: _____

Others: _____

Child's Doctor: _____ Tel: _____

Is your child covered by Medical Insurance? _____

Which Company? _____

Can your child participate in a full physical education program? _____

If **"No"**, Please explain: _____

Name any special health or physical defects child may have (heart disease, subject to headaches, convulsions, kidney weakness, asthma, club foot, hare-lip etc.)

Explain any emotional problems of which the school should be aware:

(Please provide supporting documents from your child's physician for any known medical condition.)

List any operations the child has had. Give year, if known

Comments: (Please give any information regarding your child which might be helpful to the teachers.)

School recommended by: _____

Reason for selecting this school: _____

STATEMENT OF COOPERATION

I agree to support the objectives, rules, regulations, policies, and **Statement of Faith of Temple Christian School**. I agree to attend scheduled **P.T.F. Meetings, Open House Meetings** and other necessary functions pertaining to the education of my child.

I understand that I am responsible for all tuition fees in advance as set forth by Temple Christian School. Should my account become delinquent, I further agree to pay all LATE charges that may be accrued. Furthermore, I agree to give one full term's notice before withdrawing my child(ren), or pay in lieu of that notice one full term's fees. I also agree to pay any other charges, which I may accrue on behalf of my child at **Temple Christian School**.

I give permission for my child to take part in all school activities, including sports, and school-sponsored trips away from school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any activity.

Finally, I understand that the school reserves the right to administer corporal punishment to my child in a fair manner, should the need arise.

Signature

Date

Relation to Student

FOR OFFICE USE ONLY

Application

Entrance Test given: Score: _____

Applicant: Accepted

Accepted Conditional

Not Accepted

Repeated

Comments:
