



**TEMPLE CHRISTIAN SCHOOL**

Elementary Tel: (242) 325-1119/325-3245

Fax: (242) 325-3260

Fourth Terrace, Collins Avenue

High School Tel: (242) 394-4481/4

Fax: (242) 393-0058

Shirley Street & Twynam Avenue

P.O. Box N-1566

Nassau, Bahamas

[www.templechristianbahamas.com](http://www.templechristianbahamas.com)

"Teach Me, O Lord, The 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 (**Non-refundable, and due upon acceptance of application**)
  - b) 1 Passport size photo
  - c) Immunization Card (K3 – Gr.6)
  - d) Medical form (K3 - Gr.6), attached
  - e) Medical Certificate (Gr.7 - Gr.12), unattached
  - f) Birth Certificate
  - g) Previous School transcript(s)
  - h) National Insurance Card
  - i) 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

Nationality: \_\_\_\_\_ NIB No.: \_\_\_\_\_ Tel. (Home) \_\_\_\_\_

Present Address: \_\_\_\_\_ Person with whom student resides: \_\_\_\_\_  
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.)

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School recommended by: \_\_\_\_\_

Reason for selecting this school: \_\_\_\_\_

**E. FINANCIAL INFORMATION**

**Person responsible for payment of school fees, etc.**

Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Relation: \_\_\_\_\_  
(Please print)  
Tel. (Home): \_\_\_\_\_ Tel. (Work): \_\_\_\_\_ Tel. (Cell): \_\_\_\_\_

**DISCLAIMER**

**I understand and agree that Temple Christian School reserves the right to decline admittance of any student in its sole discretion if he/she does not comply/conform with the School's objectives, rules, regulations and policies.**

**I further understand that by signing this application, my child is not automatically enrolled / accepted in Temple Christian School.**

**I agree to abide by the Statement of Cooperation contained herein.**

**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.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relation to Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application

Accepted Conditional

Entrance Test given:  Score: \_\_\_\_\_

Not Accepted

Applicant: Accepted

Repeated

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Comments:

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3 \_\_\_\_\_ 3 \_\_\_\_\_

Booster (1) \_\_\_\_\_ (2) \_\_\_\_\_ DT \_\_\_\_\_

MMR (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Teeth**

Date of last exam \_\_\_\_\_

Reason \_\_\_\_\_

Condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hearing**

Date of last exam \_\_\_\_\_

Condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eyes**

Date of last exam \_\_\_\_\_

Condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Laboratory Tests**

CBC (complete blood count) \_\_\_\_\_

Urinalysis \_\_\_\_\_

Stool test \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical activity**

**Note to doctor:** With the present emphasis on physical fitness, the medical examination becomes even more important as administration needs to know each student's capabilities and limitations. The information below will be used to determine the child's Physical Education program.

Chicken Pox \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Mumps \_\_\_\_\_

Polio \_\_\_\_\_

State any exposure within the past six months to any other contagious disease.  
\_\_\_\_\_

**General emotional health**

(Answer **Yes** or **No**)

Frequent trouble sleeping \_\_\_\_\_

Behavioral problems \_\_\_\_\_

Temper tantrums \_\_\_\_\_

Depression or excessive worry \_\_\_\_\_

Anorexia \_\_\_\_\_

Nailing biting \_\_\_\_\_

Any other \_\_\_\_\_

Presently under doctor's care \_\_\_\_\_

Present medication(s) and dosage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check each item yes or no in the table below. Each item checked "Yes" should be explained in the right hand column of the table and should be accompanied by a letter from the doctor if the child needs to be excused from Physical Education classes and Sports. If a doctor's letter is issued, please state "See doctor's letter" in the right hand column of the table.

Question	Yes	No	Comment
Has child had an operation or been advised to take one?			
Does child have an existing sporting injury?			
Can child compete fully in sports, including competitive sports?			
Can child participate in Physical Education, but not competitive sports?			
No participation in sports.			
Limitation only in certain sports.			

Signature of Doctor: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Name (Please print): \_\_\_\_\_

Doctor's Stamp/ Seal