KINGSWAY ACADEMY HIGH SCHOOL
P.O. BOX N-4378
NASSAU, BAHAMAS
TEL: 324-8811 / 324-3409

STUDENT APPLICATION FORM

Test For Grade: _____

Name of Applicant: _____

Present School: _____ Grade: _____

Address of School: _____

National Insurance Number: _____

FOR OFFICE USE ONLY

Scheduled Testing Day : _____ Date: _____

Time: _____

Entrance Exam Receipt No: _____

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	First Name	Second

Birth Date:			
	Day	Month	Year

Present Age:		
	Years	Months

Country of Birth:	

Nationality:	

Gender: (please tick)	Male	Female

II. 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.		

III. EXAMINATION RECORD

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

Name of Examination	Subject (s) Taken	Grade Obtained
1		
2		
3		
4		
5		
6		

IV. FAMILY INFORMATION

	FATHER	MOTHER	GUARDIAN (only fill this out if the child does not live with the parents)
Full Name			
Age			
Street Address			
P. O. Box Number			
Home Telephone			
Cellular Number			
Place of Employment			
Work Telephone			
E-mail Address			
Religion			
Church Attending			
With whom does the child live (please tick)			
State: Single / Married / Divorced			

- List below ALL brothers and sisters.

Name	Age	Kingsway Student (Yes / No)	If yes, which grade?
1.			
2.			
3.			
4.			
5.			
6.			

- Please state who should be billed for school fees:

Title (Mr / Ms)	Name	P. O. Box and City

- Please give below the name and daytime phone number of a person other than the above who could be contacted in the event of an emergency:

Name:	Telephone Number: Cellular Number:

V. HEALTH

Is the applicant presently covered by any health insurance?	Yes	No

Name of insurance company:	

Description of applicant's general health:	Very Good	Good	Poor

Details of any eye problems:	

Details of any hearing problems:	

Can the applicant participate in a full physical education program?	Yes	No

If "No" above please give detail:	

Is the applicant asthmatic?	Yes	No

Is the applicant diabetic?	Yes	No

- List all childhood sicknesses / diseases the child has had and approximate dates; if known:

Sickness / Disease	Date

- Is the child known to have AIDS or has tested positive for the HIV virus?

Yes / No	If yes when?

- List any emotional problems of which we 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 might be helpful to the teachers:

_____

_____

Signature: _____ Date: _____
Parent / Guardian