

For Official use

ONLY

Grade Placement

Agape Christian School

P. O. Box AB-20760 Marsh Harbour Abaco Bahamas

Application for Enrollment for Grade _____

For the School Year September _____ to _____

Attach
Current
Picture of
Student
Applying for
Enrollment

Student's Name _____
Last Name First Name Middle Name

Name the student prefers to be called: _____ Sex: () Male () Female

Date of Birth: _____ / _____ / _____ Age @ September 1st: _____ / _____
Month Day Year Years Months

Place of Birth: _____ Home Phone: _____

Physical Handicaps: _____ National Insurance #: _____

Family Mailing Address: _____

Place of Residence: _____ Student E-mail Address _____

Does your child catch a bus, taxi and/or ferry to school? _____ If Yes, please give details: _____

Father's Name: _____ Occupation: _____

Cell Number: _____ Email Address: _____

Employer: _____ Daytime Phone # _____

Mother's Name: _____ Occupation: _____

Cell Number: _____ Email Address: _____

Employer: _____ Daytime Phone # _____

Parent's Marital Status: Single Parent () Married () Separated () Divorced () One Deceased () Re-married ()

Step-parent Name (s): _____ Address: _____

Cell Number: _____ Email Address: _____

Employer: _____ Daytime Phone # _____

RESPONSIBLE ADULTS TO CONTACT IN CASE OF EMERGENCY, IF A PARENT CANNOT BE REACHED

Name: _____ Name: _____

Location: _____ Location: _____

Phone #: _____ Phone #: _____

NAME OF SCHOOL PRESENTLY ATTENDING

Name of School: _____ Present Grade: _____

Previous Grade attended there - K3, K4, K5, G1, G2, G3, G4, G5, G6, G7, G8, G9, G10, G11, G12

P. O. Box: _____ Email Address: _____

Principal's Name: _____ Phone Number: _____

Siblings attending Agape Christian School presently

Name: _____ Grade: _____ Name: _____ Grade: _____

- () \$100 Application Fee Due with Application Form and is non-refundable
- () One Passport size photo attached with Application Form () \$20 Student Accident Insurance Fee - due upon acceptance.