



AKHEPRAN INTERNATIONAL ACADEMY

P.O. Box EE 17708

Nassau, Bahamas

Telephone: 242-324-9212

Email: akhepran@gmail.com

REGISTRATION FORM

Child's Surname: _____ First Name: _____

MI: _____ Age: _____ Date of Birth: Day _____ Mo _____ Y _____

Sex: M _____ F _____ Place of Birth: _____

Address: _____ Home Phone: _____

E-Mail _____

Father's Name: _____ Place of Birth: _____

Occupation: _____ Work Phone: _____

Business Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Mother's Name: _____ Place of Birth: _____

Occupation: _____ Work Phone: _____

Business Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Guardian's Name: _____ Place of Birth: _____

Occupation: _____ Work Phone: _____

Business Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Language Spoken at home: _____

Name and grade of sibling(s) attending Akhepran International Academy:

Current School: _____ Current Grade: _____

Please circle at which grade level your child is expected to be placed in September 2012. K3 K4 1 2 3 4 5 6 7 8 9 10 11 12

Does your child have any learning challenges? _____ yes _____ no

If yes please explain:

I acknowledge that all of the information provided above is true, and realize that my child may not be accepted to the school if the information given above is incorrect or false.

How did you hear about Akhepran International Academy? (Please circle)

Friends/Family School Newspaper Radio T.V. Facebook

Current Akhepran Parent Parent & Student Name: _____

Name: _____ Parent/Guardian Signature _____

Name: _____ Administrator Signature _____

Name: _____ Witness Signature _____

Registration Fee \$100 (non-refundable) Date: _____

FOR OFFICE USE ONLY

Registration Fee Paid: Yes _____ No _____ Cash _____ Cheque _____

Received by: _____ Date: _____