



Trinity Christian Schools

Trinity Way, Stapledon Gardens
P.O. Box N-8696
Nassau, The Bahamas
Phone: (242) 326-7363 / (242) 326-6951
Email: info@trinityschoolsbahamas.com

Required Documents:

- Application Fee
- Birth Certificate
- First 4 pages of Passport
- Immunization Record
- School Medical Report
- NIB Card
- Passport-Sized Photo
- Most Recent Progress Report
- Parents' Photo IDs

K3-Grade 6 Student Application

PLEASE PRINT TO COMPLETE THE FOLLOWING INFORMATION.

GENERAL INFORMATION:

School Enrollment Year: _____ Gender: () MALE () FEMALE PRESENT GRADE: _____

STUDENT'S FULL NAME (First, Middle, Last): _____

DATE OF BIRTH (mm/dd/yyyy): ____/____/____ COUNTRY OF BIRTH: _____

CURRENT HOME ADDRESS: _____

STUDENT RESIDES WITH: () BOTH PARENTS () MOTHER () FATHER () OTHER (please list: _____)

PASSPORT NUMBER: _____ NIB NUMBER: _____

SCHOOL HISTORY:

Has your child attended PRESCHOOL? () YES () NO IF YES, NAME OF PRESCHOOL: _____

LAST SCHOOL ATTENDED: _____

Has your child REPEATED any grade level? () YES () NO
If yes, please specify which grade(s): _____

CHURCH AFFILIATION: _____

ATTENDS SUNDAY SCHOOL REGULARLY? () YES () NO

PARENTS' INFORMATION:

MOTHER'S Name: _____

Email Address: _____ .COM

Street Address: _____

Employer & Occupation: _____

Telephone Contact: Home: _____ Cell: _____ Work: _____

FATHER'S Name: _____

Email Address: _____ .COM

Street Address: _____

Employer & Occupation: _____

Telephone Contact: Home: _____ Cell: _____ Work: _____

STUDENT'S NEXT OF KIN: Name: _____ Relationship to Child: _____

Email Address: _____ .COM

Employer & Occupation: _____

Telephone Contact: Home: _____ Cell: _____ Work: _____

- Marital Status of Parents: () Married () Divorced () Separated () Single
- Student Lives With: () Both Parents () Mother () Father () Guardian () Other: _____
- Language Spoken at home: _____
- Correspondence Should Be Sent To: () Mother () Father () Guardian: _____
- Tuition & Fees Invoices should be sent to: () Mother () Father () Guardian: _____
- Are separate report cards required? () Yes () No

STUDENT'S SIBLING(S): (PLEASE COMPLETE IF APPLICABLE)

- List number of older brothers: _____ List number of younger brothers: _____
- List number of older sisters: _____ List number of younger sisters: _____

Names of siblings at Trinity Christian Schools:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

MEDICAL INFORMATION:

Child's Physician: _____

Name of Clinic/Physician's Office: _____ Physician's Telephone: _____

Does the child have any PHYSICAL CHALLENGES or SPECIAL NEEDS that may require accommodations at school? ()YES ()NO

IF YES, PLEASE SPECIFY: _____

Does your child suffer from any chronic illnesses or allergies? ()YES ()NO

IF YES, PLEASE SPECIFY & present documentation from your child's PHYSICIAN:

STATEMENT OF UNDERSTANDING

In making an application for my child, I understand that, as my child is enrolled at Trinity Christian Schools. I will be fully responsible for advance payment of all tuition & fees as set forth by Trinity Christian Schools. Should my account become delinquent, I further agree to pay all late charges. I agree to give one full term's notice before withdrawing my student(s) or pay in lieu of that notice one full term's fee.

I give permission for my child to take part in all school activities, including sports, and school-sponsored trips away from the 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.

I further agree to participate positively in the life of the school as much as possible where it concerns my child's moral, spiritual, and academic growth. I understand that the school reserves the right to administer corporal punishment to my child in a fair manner, should the need arise.

As a part of the Trinity Christian Schools' community, I agree to uphold and abide by the guidelines and expectations outlined in the Parents' Handbook. This includes conducting daily pre-arrival health screening of my child at home and complying with the campus safe zone practices designed to keep the school community healthy. As part of the Trinity Christian Schools' community, I further commit to contributing to the school's overall development by supporting its fundraising initiatives.

PARENT/GUARDIAN SIGNATURE(S):

MOTHER

FATHER

LEGAL GUARDIAN

OFFICIAL USE ONLY:

Grade of Entry: _____ Date of Entry: _____

✓ _____\$75/_____ \$100 Evaluation/REGISTRATION Fee Paid: () Receipt #: _____

✓ _____ Seat Fee Paid: () Receipt #: _____

DISCOUNTS: () Church Member () Child of a Staff Member () School Books \$ _____

() Second Child () Third Child \$ _____