



STUDENT ENROLLMENT APPLICATION FORM

STUDENT INFORMATION

Student's Name _____

Student's Age _____ Birth Date: ____/____/____ Gender: Male Female

Last Grade Completed: K5 1st 2nd 3rd 4th 5th Entrance Year: 20____ - 20____

6th 7th 8th 9th 10th 11th

Physical Address: _____ District: _____

P.O. Box _____ Grand Cayman KY1- _____

Place of Birth _____ Nationality _____

Student's Legal Guardian(s)	Student lives with... (mark all that apply)	Previous School Information
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Both Parents	School: _____
<input type="checkbox"/> Mother	<input type="checkbox"/> Mother	Address: _____
<input type="checkbox"/> Father	<input type="checkbox"/> Father	_____
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepfather	Phone number: _____
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepmother	Did you leave on good terms? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

MEDICAL INFORMATION

	Yes	No	Explain
Does your child have any medical conditions?			
Is your child taking any medications?			
Does your child have any allergies (insects, medications, foods etc.?)			
Does your child have any special needs?			
Does your child suffer from any known learning disabilities?			
Does your child have any known behavioral problems?			

Family Physician _____

Physician's phone: _____

Emergency Contact: _____

Name

Relationship

Address

Phone

FOR OFFICIAL USE ONLY

Date of Application: ____/____/____

Acceptance: Approved Denied

Acceptance letter sent

Admitted to Grade: _____



FAMILY INFORMATION

Father **Mother** **Guardian** (*select one*)

Name: _____

Email: _____

Cell Phone: _____ Work: _____ Home: _____

Nationality: _____ Employment: _____ Occupation: _____

Father **Mother** **Guardian** (*select one*)

Name: _____

Email: _____

Cell Phone: _____ Work: _____ Home: _____

Nationality: _____ Employment: _____ Occupation: _____

Name(s) of school age children in family that are not applying:

_____ Age: _____

_____ Age: _____

RELIGIOUS INFORMATION

Religious Affiliation: _____ Church: _____

How often do you attend your church?

Rarely Monthly Weekly Every service

Has made a profession of faith in Christ? (*Check all that apply.*)

Father Mother Student

Would you like more information about Calvary Baptist Church? Yes No

SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended, or refused admission to another school?

No Yes Explain _____

Has student ever been in trouble with the law or arrested, etc.?

No Yes Explain _____

Has student ever used tobacco or drugs of any kind?

No Yes Explain _____

Has student ever failed in school?

No Yes Explain _____

Please indicate academic level of student's previous work:

Excellent Good Average Poor

GENERAL INFORMATION

How did you hear about this school?

Radio Newspaper Internet Friend Other: _____

What is your reason for selecting this school? _____



PARENTAL INFORMATION

- For students to continue their studies in school, be issued new material, receive report cards, have records transmitted, or receive awards, school fees must be paid in accordance with our financial policy. There is a \$50.00 late fee added to the bill each month when a satisfactory arrangement has not been made ahead of time. Families experiencing financial difficulties may be eligible for a short-term payment plan to assist during the specific period provided early arrangements are made with administration. Failure to make such arrangement will result in the usual late charges plus any additional penalty which may be applied at the time. If tuition is not received by the 5th day, a late fee of \$50.00 will be applied. If tuition is not received by the 30th day of the month, the student will be dis-enrolled from the school. If the student is dis-enrolled, the school administration will consider whether to re-enroll the student under stricter financial terms and a meeting will be scheduled with the parents to discuss arrangements. For families that are deemed qualified, the option of re-enrolling under new terms will be considered “*financial probation*” and will include the following guidelines for payment:
 - Thirty-day promissory note signed by parents/guardians for any outstanding amount.
 - Six months financial probation period during which students may be dismissed immediately for late payment or infraction of the newly agreed terms.
- There is a \$150.00 non-refundable registration fee.
- I understand that if I withdraw my child from school or if my child is suspended or dismissed from school during any portion of a month that I will be billed for the entire month. All fees are NON-REFUNDABLE only the tuition and lunch fees paid in advance are refundable. Tuition is based upon an annual fee which is divided into 10 equal monthly payments. You don’t pay by the number of days or weeks your child is in school but by an annual fee that can be divided into monthly payments.”
- 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 for me or my child because of any injury to my child at school or during a school activity.
- I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and giving my child encouragement in the completion of any homework or assignments.
- I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school on the applicant’s behalf and authorize the school to employ discipline according to the school’s behavior policy.
- I understand that the school reserves the right to dismiss a child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.
- Should my child suffer any injury or illness while at school or on a school activity and the school staff is unable to contact me immediately, the school is hereby authorized to secure such medical attention and care for my child as may be necessary. I the parent or guardian will assume responsibility for payment of such services.

I have read the Student Handbook and understand and agree thereto the terms stated in this application.

Signature of Parent or Guardian

Date

Signature of School Staff

Date