

# Agape Christian School

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

*For Official Use  
ONLY!*

Grade Placement  
\_\_\_\_\_

## Application for Enrollment

For the School Year September 20\_\_\_\_-20\_\_\_\_\_

Student's Name: \_\_\_\_\_

Name the student prefers to be called: \_\_\_\_\_  
Last Name First Name Middle Name  
Sex:  Male  Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age @ September 1<sup>st</sup>: \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Years Months

Place of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Handicaps: \_\_\_\_\_ National Insurance #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Step-Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

### RESPONSIBLE ADULTS TO CONTACT IN CASE OF EMERGENCY, IF A PARENT CAN NOT BE REACHED.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone# \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Principal: \_\_\_\_\_

Grades Attended: K3 K4 K5 G1 G2 G3 G4 G5 G6 G7 G8 G9 G10 G11 G12

Siblings attending Agape Christian School  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Copy of Birth Certificate  Recent Passport Size Photograph