

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 1<sup>st</sup>. \_\_\_\_\_ / \_\_\_\_\_  
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: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ DaytimePhone#: \_\_\_\_\_

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: \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-Mail 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, PRINCIPAL, MAILING ADDRESS, AND PHONE NUMBER:**

Name of School: \_\_\_\_\_ Present Grade \_\_\_\_\_

Previous Grades attended there ~ K3, K4, K5, G1, G2, G3, G4, G5, G6, G7, G8, G9, G10

P.O. Box: \_\_\_\_\_, \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Siblings attending Agape Christian School presently:**

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

\$100.00 Application Fee Due with Application Form and is non-refundable

One Passport size photo attached due with Application Form  \$20.00 Student Accident Insurance Fee - due upon acceptance