

STUDENT APPLICATION AND REGISTRATION FORM

STUDENT DETAILS

First Name: _____ Last Name: _____
 Male Female DoB: _____ Place of Birth: _____
dd/mm/yyyy
 Citizenship held: _____ First Language: _____
 Current School: _____ Country: _____
 Applying to enter Grade: _____ Current school grade: _____
 Expected date of enrollment: _____
 Student email: _____ Student tel no: _____

PARENT / GUARDIAN 1 DETAILS

First Name: _____ Last Name: _____
 Mother Father Guardian Citizenship held: _____
 Home address: _____
 Home No: _____ Email: _____
 Employer: _____ Mobile No: _____

PARENT / GUARDIAN 2 DETAILS

First Name: _____ Last Name: _____
 Mother Father Guardian Citizenship held: _____
 Home address: _____
 Home No: _____ Email: _____
 Employer: _____ Mobile No: _____

OTHER INFORMATION

Who does the student live with? _____
 Do you have/have you had any other children or family members at the school
Details: _____
 Do you have any connections to IA staff or have you previously worked for IA
Details: _____
 Do you have any further children that may apply to IA?
 Names: _____ Ages: _____
 Do any Grandparents hold Antigua and Barbuda citizenship? _____

BILLING INFO

Name of person responsible for tuition fees: _____

Email: _____

Phone No: _____

FINANCIAL STATUS

There is a range of assistance available. All assistance is Means Tested.

I would like to apply for bursary assistance Yes No

Financial Assistance is available to students who were born in Antigua and Barbuda or a CARICOM or OECS country. In addition, at least 1 parent must be born in Antigua and Barbuda or a CARICOM or OECS country, All FA candidates must be able to prove they have been living in Antigua and Barbuda for at least 2 years before making a FA application. Please note there is a limited amount of assistance that can be granted each year and checking the box is not a guarantee that you will be granted assistance

RELIGIOUS / CULTURAL PRACTICES

Please state if there are any cultural and / or religious practices that the school should be made aware of:

MEDICAL RECORD

Please state if the student suffers from any **serious** medical condition or allergies which requires regular / emergency medication or has resulted in hospitalisation. All children admitted to Island Academy must have a full vaccination record according to Government guidelines.

NON-REFUNDABLE REGISTRATION FEE

A non-refundable registration fee of **\$200XCD** must accompany this application. Payment can be made via cash, debit / credit card or cheque made payable to Island Academy

AGREEMENT

In registering my child at Island Academy International School, I agree to conform to the rules and procedures of this school as established by the Board of Directors

Parent / Guardian Signature 1

Date dd/mm/yyyy

Parent / Guardian Signature 2

Date dd/mm/yyyy