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size photo of  
student here

# Akhepran International Academy

## STUDENT APPLICATION FORM

P.O. Box EE 17708

Nassau, Bahamas

Phone: (242) 324-9212

[akhepran@gmail.com](mailto:akhepran@gmail.com)

[www.akhepran.com](http://www.akhepran.com)

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION FORM:

- |   |   |
|---|---|
| <input type="checkbox"/> CHILD'S BIRTH CERTIFICATE              | <input type="checkbox"/> PASSPORT/VISA            |
| <input type="checkbox"/> IMMUNIZATION RECORD                    | <input type="checkbox"/> 2 RECENT PASSPORT PHOTOS |
| <input type="checkbox"/> NATIONAL INSURANCE CARD                | <input type="checkbox"/> MEDICAL FORM             |
| <input type="checkbox"/> TRANSCRIPT (OFFICIAL FROM ALL SCHOOLS) | <input type="checkbox"/> GLAT, BJC, BGCSE RESULTS |
| <input type="checkbox"/> REPORTS CARDS (FROM ALL SCHOOLS)       | <input type="checkbox"/> ACT RESULTS              |
| <input type="checkbox"/> ENROLLMENT FEE (\$500.00)              | <input type="checkbox"/> SAT RESULTS              |
| <input type="checkbox"/> MEDICINE AUTHORIZATION FORM            | <input type="checkbox"/> STUDENT ID CARD FORM     |
| <input type="checkbox"/> STUDENT INSURANCE FORM                 | <input type="checkbox"/> TUITION CONTRACT         |
| <input type="checkbox"/> COMMITMENT STATEMENT                   | <input type="checkbox"/> TECHNOLOGY CONTRACT      |

Student's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_ Mo \_\_\_\_\_ Yr \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

Home Phone: \_\_\_\_\_ NIB#: \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_

Name and grade of sibling(s) attending Akhepran International Academy:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain the name and nature of the allergies and/or submit additional documentation:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any social or physical disability? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes please explain and/or submit additional documentation:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any academic or learning challenges? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes please explain and/or submit additional documentation or evaluations:  
\_\_\_\_\_  
\_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please circle at which grade level your child is expected to be placed upon enrollment.

1    2    3    4    5    6    7    8    9    10    11    12

**Name of person responsible for School Fees, Bills, Tuition and Notices.**

Name \_\_\_\_\_ Address \_\_\_\_\_

E-mail: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Phone: (wk) \_\_\_\_\_ (hm) \_\_\_\_\_ Cell: \_\_\_\_\_

How did you hear about **Akhepran International Academy**? \_\_\_\_\_

*I acknowledge that all of the information provided above is true and realize that my child may be withdrawn from the school if the information given above is incorrect or false.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Witness

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Enrollment Fee Paid: Yes \_\_\_\_\_ No \_\_\_\_\_ Cash \_\_\_\_\_ Cheque \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID # \_\_\_\_\_ Grade Placement: \_\_\_\_\_

Child's School E-mail address: \_\_\_\_\_

