

AKHEPRAN INTERNATIONAL ACADEMY P.O. Box EE 17708 Nassau, Bahamas Telephone: 242-324-5101 Email: akhepran@gmail.com

2020.2021 COVID 19 RETURN TO CAMPUS FORM

PLEASE COMPLETE THIS ONLINE FORM. IT DOES NOT NEED TO BE PRINTED. PLEASE RETURN VIA EMAIL TO: mackey.eleia@akhepran.com.

STUDENT INFOR	MATION			
Child's Surname:		First Name:		
Middle Name:	Age:	Date of Birth: Day_	MoYr	
Sex: M F	Country of Birth:			
Address:		Home Phone:		
Grade Placement (in September 2020 or .	January 2021):		
RETURN TO CAM	PUS DATE			
My child will return	for On Campus learnin	g on (tick where applicab	le): -	
February 1 ^{st,} 2021		April 1 st , 2021		
March 1 st , 2021		May 1 st , 2021		
	e tuition and fees will rem khepran International Aca		for any student who contract	S
I confirm that my c Yes: N	hild owns / has access	levice with approved Specif	-	
*****	******	******	*****	
Parent/Guardian N	ame:		Date:	
Home Phone:	Cell Phone:	E-mail:		
Signature:	F	Received by:	Date:	