

TAMBEARLY SCHOOL

P. O. Box N-4284
Nassau / Bahamas

Phone : (242) 327-5965
Fax : (242) 327-5963

e-mail: tambearly@coralwave.com
www.tambearly.com

STUDENT APPLICATION

STUDENT INFORMATION

Last Name: First Name(s)
Sex(M/F)..... Date of Birth: Day..... Month..... Year.....
Place of Birth Nationality
Current School Current Grade/Class.....
Previous Schools Attended
.....(Names, locations & dates)
Date admission required Grade/Class requested

MEDICAL HISTORY

Has the student undergone any surgeries or medical procedures YES/NO (Delete as appropriate)
If YES, please provide full details of dates and procedure and ongoing medications required:

.....
Allergies YES/NO(Delete as appropriate) Details and Medications

.....
Doctor Name Telephone # Address.....

Is English the first language of the student YES/NO (Delete as appropriate) If NO , what is the student's first language _____ (Student will be enrolled for English as a Second Language tutoring)

PARENT/GUARDIAN INFORMATION

1/ Last Name: First Name

Relationship to Student Nationality

Occupation: Employer Name:

Home Address

Mailing Address ; PO Box # Home Telephone #

Business Telephone # Cell Phone

Home Address.....

.....
E-mail address

2/ Last Name: First Name

Relationship to Student Nationality

Occupation: Employer Name:

Home Address

Mailing Address ; PO Box # Home Telephone #

Business Telephone # Cell Phone

Home Address.....

.....
E-mail address

EMERGENCY CONTACT DETAILS

Full Name Telephone

ENROLLMENT AGREEMENT

Upon acceptance of the above named student to Tambearly School, I hereby agree to pay testing/placement and registration fees (non-refundable) plus current tuition term fees. I also agree that payment for future term fees will be made by the due date and understand that failure to do so may result in the withdrawal of the placement. In addition, I shall pay (upon notice) any miscellaneous school fees that may become due and payable, during the period of enrollment.

I further agree to provide written notice of, **at least one school term** of my intention to withdraw the student from Tambearly School. In lieu of this notice, I shall be responsible for payment of tuition fees for the next term.

Parent/Guardian(Print Name)
Signature Date

STUDENT PERMISSION SLIP

Student Last Name _____ First Name _____

Grade at entry to Tambearly _____

I hereby grant permission for the above named student to participate in all Tambearly School extra curricular and/or off campus activities until otherwise notified in writing or the student leaves Tambearly School.

Parent Guardian (Print Name) _____

Signature _____ Date _____