



APPLICATION FORM

This application is considered incomplete without a **Seat Fee** and **Registration Fee**. The above fees are required by **all applicants**, is non-refundable and is not deducted from fees should your child be accepted.

Applicants who have reached their 5th birthday by June of the year of entry are may be considered as entrants into Grade 1 Prep requiring a placement test which may be arranges post the application process. Applicants from grade 2 and up must attach a copy of their previous school report although not dismissive of our own placement examination. Due to the high number of applicants sitting and passing this examination, there is no guarantee that the applicant will be offered a space at Royal Kidz Primary School. It is important that the medical information together with the required forms be submitted within the stipulated deadlines to avoid a decline of enrollment.

(PLEASE PRINT)

For processing to take place, please ensure that all relevant parts of this application is completed accurately.

Child's Name: _____
First Name Middle Name Family Name

Preferred Name: _____ Age: _____ Sex: Male Female

Date of Birth: _____ Day Month Year Country of Birth: _____

National Insurance No.: _____ Religion: _____ Denomination: _____

First Language: _____ Language spoken in the home: _____

Circle all that apply: Father is Deceased Mother is Deceased Parents Divorced Parents Separated

Father Remarried Parents Separated Mother Remarried

Child lives with his/her: Mother Father Both Grandparents Guardian listed below:

FAMILY INFORMATION:

Father's Full Name: _____
First Middle Last

Nationality: _____ House No. _____ Street: _____

City: _____ Country: _____ P.O.Box: _____

Place of Employment: _____ Work Hours: _____

Occupation: _____ Branch/Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Mother's Full Name: _____
First Middle Last

Nationality: _____ House No. _____ Street: _____

City: _____ Country: _____ P.O.Box: _____

Place of Employment: _____ Work Hours: _____

Occupation: _____ Branch/Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Guardian's Full Name: _____

Nationality: _____ House No. _____ Street: _____

City: _____ Country: _____ P.O.Box: _____

Place of Employment: _____ Work Hours: _____

Occupation: _____ Branch/Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

PICK UP & EMERGENCY CONTACTS:

In the event of an emergency, in which case neither parent can be reached, the following persons are authorized to function as guardians of my child and may be notified of the emergency. They also serve as authorized persons for pick up. *Please place contacts in the order that you would like contact to be made.*

Name: _____ Relationship: _____ Phone: _____

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DEVELOPMENT HISTORY (REQUIRED FOR STUDENTS ENTERING NURSERY – PRESCHOOL)

Please select by circling the child's method of birth: Full Term Premature Complications

Please indicate by which age the child began:

Sitting: _____ Crawling: _____ Walking: _____ Talking: _____

Please circle Yes or No to the following questions:

Is the Child a Good Climber? Yes No Does the child fall easily: Yes No

Does the child speak in words? Yes No Does the child speak in words? Yes No

Should we be aware of any **learning style** needs the child may have that may interfere with normal performance in regular classes? _____

TOILETING (REQUIRED FOR STUDENTS ENTERING NURSERY – PRESCHOOL)

Is the child able to advise his or her wish to use the bathroom? Yes No

What word is used for Urination? _____

What word is used for a bowel movement? _____

Does the child have regular accidents? Yes No

Does the child need help with toileting? Yes No

Does the child wet his or her bed at night or at nap time? Yes No

SCHOOL INFORMATION (PRIMARY SCHOOL APPLICATIONS ONLY)

Present School Name: _____ Dates of Attendance: _____

School Address: _____ Principal: _____ Phone: _____

Other schools attended in the last 3 years:

School Name: _____ City: _____ Dates of Attendance: _____

School Name: _____ City: _____ Dates of Attendance: _____

School Name: _____ City: _____ Dates of Attendance: _____

Current Grade Level: _____ Grade Applying for: _____ Proposed Date of Entry: _____

SIBLINGS & RELATIVES

Information about brothers & sisters of the applicant:

Name of Sibling 1 : _____ Age: _____ School: _____

Name of Sibling 2 : _____ Age: _____ School: _____

Name of Sibling 3 : _____ Age: _____ School: _____

Does the child have a relative who previously attended Royal Kidz? Yes No

Name of Relative: _____ Relationship to child: _____

MEDICAL

Name of Child's Doctor: _____

Business Address: _____ Business Telephone: _____

Please indicate by circling any communicable disease the child may have:

Measles Mumps Chicken Pocks Other: _____

Please provide any Physical Disabilities: _____

Please provide any known allergies: *Food allergies | asthma | hay fever | insect bites | food* _____

Please provide any medication the child may be allergic to: _____

Please provide any medication given to the child regularly: _____

Should we be aware of any **health** needs or medical history the child may have that may interfere with normal performance in regular classes or in the athletic program? _____

PHOTO SUBMISSION

Please glue a recent photo of your child in the space below.



STATEMENT OF UNDERSTANDING

This document is a requirement to the condition of enrollment of your child into our regular school program at **Royal Kidz Pre & Primary School**. Whether this document is signed or NOT by the parent/s or guardian of the child enrolled or being enrolled here at Royal Kidz Primary School, your receipt of this document followed by the enrollment of your child solidifies your understanding and agreement to all school rules, policies, procedures and The Statement of Understanding of Royal Kidz Pre & Primary School.

The free choice made by each parent for their child/children to become a part of a particular school is one of the keystones to an independent education. Royal Kidz Pre & Primary School has concluded therefore that as you have chosen our establishment for your child's education, you are aware and are willing to abide by the rules and expectations under which the school operates.

The registration of your child at Royal Kidz Pre & Primary Summer Program, further represents a commitment to abide by the disciplinary procedures as they are published within our school handbook which may be found on the school's website.

Statement of understanding:

I understand that fees are non-refundable and non-transferrable between Royal Kidz products, its services nor the various Royal Kidz Campuses. It is understood that my selection of the Gladstone Rd or Mackey Street location is a permanent one post payment and cannot be changed before the completion of the year for which it applies.

Credit will not be given for sick days, vacation days, book fees, uniforms, breakfast, lunch, extracurricular activities nor the withdrawal of your child from the Royal Kidz School Year. Monthly Fees must be paid on the 15th of each month in advance. Term Fees are paid on the 15th of August, November and March of each year. Royal Kidz provides a 1 day grace period for regular school fees, after which a late fee will be applied.

If you pay for a full semester/year and decide to change your payment to monthly during the balance of the school year, all discounts accrued will be applied to your outstanding balance. In accordance with the Royal Kidz Primary School Parent Handbook, you are hereby offered Primary School Enrollment for the new school year.

Your signature indicates that as a parent you agree to your responsibility (whether your child is sick or absent from school) to pay school tuition for the entire Royal Kidz Primary School year per the aforementioned dates. Your signature also indicates that as a parent, you will not hold Royal Kidz Pre & Primary School responsible for any injuries, sickness, or medical expenses that may occur to your child/children during school operational hours nor during field trips, if your school accident insurance fee is not paid.

SIGNATURE

I have read the general conditions of enrollment outlined above and agree to the same. If I decide to withdraw my child from Royal Kidz Pre & Primary School, prior to graduation, I agree to provide one full terms notice in writing or if I fail to provide the required notice I agree to pay a full terms fees in lieu of notice. I understand that I will not receive any student records until written notice is provided and payment made. (The notice period does not include July & August)

This application, when signed constitutes a contract, subject to the laws of the Commonwealth of The Bahamas. I understand that intentionally providing incorrect information can lead to the termination of this contract and the enrollment of my child.

Full Name of Student: _____

Full Name of Mother/Guardian: _____ Photo ID No.: _____

Signature Of Mother/Guardian: _____ Date of Signature: _____

Name Of Father/Guardian: _____ Photo ID No.: _____

Signature Of Father/Guardian: _____ Date of Signature: _____

To what email address should bills be sent? _____

FOR OFFICIAL USE ONLY

Name of Student Completed Application Form

Registration Fee \$ _____ Birth certificate

Seat Fee \$ _____ Passport

Recommendation: Accept Accept Provisionally Decline Wait List

Interview Contact made by: _____

Testing Appointment Date: _____ Notes: _____

Date: _____

Administrators Name: _____ Signature: _____