

PLEASE ATTACH
A RECENT PHOTO
OF THE
APPLICANT

I. APPLICANT INFORMATION

Applying for Grade: _____

Applicant Name: _____
(First) (Middle) (Surname)

Nationality: _____ N I B No: _____

Date of Birth: _____ Age: _____ Gender: Male Female
(day) (month) (year)

Place of Birth: _____ Nationality _____

Home Address _____

Directions to child's home _____

How many siblings does the applicant has: _____ How many Sisters _____ How many Brothers _____

Starting with the present Preschool / School , please provide information about the applicant's last two Preschool / schools attended.

Name of Present School: _____ Grade Levels: _____

Has the student ever skipped a grade? Yes No If yes, which grade? _____

Name of Former School: _____ Grade Levels: _____

Has the student ever repeated a grade? Yes No If yes, which grade? _____

II. FAMILY INFORMATION

A. Parent/Guardian Name: _____

Relation to the Student: _____ Lives with the Student: Yes No

Home Address (if different from applicant) _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Occupation/Work Place: _____ Email: _____

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B. Parent/Guardian Name: _____

Relation to the Student: _____ Lives with the Student: Yes No

Home Address (if different from applicant) _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Occupation/Work Place: _____ Email: _____

III. EMERGENCY CONTACT: (Name two responsible adults to contact if parents cannot be reached)

A. Name: _____ Relation to the Student: _____

Home Phone _____ Cell Phone: _____ Business Phone: _____

Occupation/Work Place: _____ Email: _____

B. Name: _____ Relation to the Student: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Occupation/Work Place: _____ Email: _____

IV. HEALTH & PICK-UP INFORMATION

Health Status: Excellent Good Fair If Fair, explain _____

List any eye, ear, speech difficulties, or physical problems: _____

List any known Allergies: _____

Name your child's doctor: _____ Tel: _____

I give First Step Academy permission to take my child to the nearest clinic or hospital for emergency care if the listed parents or guardians cannot be contacted.

Signed: _____ Date: _____

Any other relatives in attendance at this school? _____ If "Yes" who? _____

Names and contacts of other person/s authorized by parents to pick up your child from school:

Name: _____ Tel/Cell: _____

Name: _____ Tel/Cell: _____

V. FINANCIAL INFORMATION

I accept full responsibility for all the tuition and fees at First Step Academy. I acknowledge that all extra-curricular activities, field trips and special events are the full responsibility of the Parent/ Guardian. I also understand that the registration, testing and seat fees are non-refundable and are not applied to tuition.

I acknowledge that tuition fees can be paid by the term or in monthly installments and Parents /Guardians are responsible for pre-paying the tuition. Term payments are due before the term begins and monthly payments are due before the 30th day of the previous month, and the pink copy must be returned after payment. (Monthly tuition slips are available at each campus office by the 25th day of each month).

After due date and payment is not made, a late fee of twenty five dollars (\$25.00) is applied to student's account. FSA reserves the right to withdraw students from their classes after the fifth day of due date if tuition is not paid in full.

Please sign below to indicate which parent/s or guardian/s is/are to be responsible for or contacted about school tuition and fees.

Parent/Guardian Name: _____ Relation to the Student: _____

Parent/Guardian Name: _____ Relation to the Student: _____

My/Our Signature(s) indicates that all information contained in this application is correct and honestly presented. First Step reserves the right to reevaluate the admission decision. I agree to support the objectives, rules, regulations, and policies of First Step Academy and to attend scheduled P.T.A Meetings Parents Teacher Conferences and other necessary functions pertaining to the education of my child.

Parent/Guardian Signature: _____ Date: _____

Please Return the Following with the Completed Application Form:

- Registration Fee: \$60.00
- Testing Fee: \$ 35.00 (grades. 1-6)
- A Copy of Student's Birth Certificate
- A Copy of Student's Passport
- A Copy of Student's Immunization Card
- Medical Form (signed by child's doctor)
- One Passport - Sized Photograph
- Copies of Report Cards/Transcripts

For Official Use Only

Date Accepted: _____ Grade Level: _____ Test Results: Math _____ Lang _____

Evaluator's Signature: _____ Administrator's Signature _____