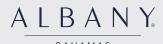


REGISTRATION FORM





WELCOME

to *new* standards in education

to **new** levels of creativity

to **new** ways to see the world

to **new** measures on progress

to **new** technology to prepare you for the future

to **new** healthy practices

to **new** facilities for art, performing arts, science, sport and green learning

to nurturing old-fashioned values, including respect, understanding, purpose, and accountability

WELCOME TO



PLEASE COMPLETE AND RETURN THIS FORM TO THE WELCOME CENTRE OR SUBMIT VIA E-MAIL.

Windsor School, Albany campus admits learners throughout the academic year, subject to availability. Learners wishing to attend Windsor School, Albany campus must supply the following documentation:

Initial Inquiry:

- Completed Registration Form
- Academic Report
- Complete High School Transcript*
- Teacher Recommendation Form (teacher submitted)
- Birth Certificate or Valid Passport (colour copy)

Upon Enrolment (Lodgers will also need to complete Lodging and/or Student Visa Forms):

- Medical/Personal Forms Packet
- Insurance Form
- Likeness Waiver
- Personal Care Form
- Two Passport Photos
- Behavioural Health Profile

All learners are required to undergo an entrance diagnostic prior to placement.

*can use unofficial copy for initial inquiry

WHAT INFORMATION WOULD YOU LIKE TO SHARE ABOUT YOURSELF?

LEARNER INFORMATION				
Proposed Date of Entry: (DD / MM / YY)				
First Name(s):	Las	st Name:		
Date of Birth: (DD / MM / YY)		Gender:	Male	Female
Current Grade Level:				
Nationality:	First L	anguage:		
Additional Languages:				
Name, Address, and Phone Number of Current	School:			
PARENT OR GUARDIAN INFORMATION				
Parent/Guardian 1				
Relationship to Learner:				
Name:				
Address:				
E-mail:				
Phone Home:()	_Work:()	Mobile:()
Parent/Guardian 2				
Relationship to Learner:				
Name:				
Address:		_Employer:		
E-mail:				
Phone Home:()	_Work:(_)	Mobile:()
SIBLING INFORMATION				
Please provide the names of brothers and siste	ers (either cur	rent, former, or futu	ıre learners).	
Sibling 1 Name:		Date of Bir	th:	dd/mm/yy
Sibling 2 Name:		Date of Bir	rth:	
		<u>—</u>		dd/mm/yy
Sibling 3 Name:		Date of Bir	rth:	dd/mm/yy

WINDSOR SCHOOL REGISTRATION FORM 5

FEE INFORMATION							
To whom should fee requests be addressed if different from above?							
Relationship to Learner:							
Name:							
Address:Employer:							
E-mail:							
Phone Home:()							
LEARNER LANGUAGE INFORMATION							
If your child speaks English as a second language, please answer the following as accurately as possible to help us anticipate educational programming needs and support.							
How long has your child been speaking English?							
When does your child use English?							
Is there any additional information that you would like to share?							
SPECIAL EDUCATION/GIFTED PROGRAMMING REQUIREMENTS							
If your child has any known or suspected disabilities or learning challenges, please answer the following as accurately as possible to help us anticipate educational programming needs and support.							
Has your child been diagnosed as having a learning difference or disability?							
If you have answered 'YES', please provide details and any supporting documentation. Please include the name of the disability and how it might affect your child's learning experiences at school:							
Are you aware of any challenges or obstacles that currently affect your child's learning? (This might be a suspected disability, behaviours, significant changes in environment or within the family, etc.) Yes No If you have answered 'YES', please provide more detail:							
ii you have answered in E.S., prease provide more detail							
Is there any additional information that you would like to share?							

LEARNER'S MEDICAL INFORMATION
Does your child have any medical condition(s)? Please include allergies. Yes No
If you have answered 'YES', please provide details including name of the medical condition and how it might affect his/her experiences at school:
Does your child require regular medication(s)?
If you have answered 'YES', please give details including name(s) of the medication(s), purpose(s), and potential side effects:
Will your child require medication during school hours?
If you have answered 'YES' to the above, please provide additional details*:
*Windsor Preparatory School may require communication with your child's physician regarding the administration of medications during school hours.
Does your child suffer from any condition which may affect his/her participation in sport or swimming?
If you have answered 'YES' to the above, please provide details:
Please state any dietary restrictions or requirements that apply to your child and explain the reasons:

WINDSOR SCHOOL REGISTRATION FORM 7

DOCTOR INFORMATION							
Name:							
Address:							
ADDITIONAL CONTACTS							
In the event of an emergency in which you cannot be reached please provide an additional contact.							
Relationship to Learner:							
Name:							
Address:		Employe	r:				
E-mail:							
Phone Home:()_	Work:()	Mobile:(_)			
PARENT/GUARDIAN RESPONSIBILITIES							
•I/We will inform the School about any se	erious medical co	ndition or d	lisability of the learner, eit	ther existing or arising.			
•I/We will inform the School immediately	of changes of ad	ldress or tel	ephone number of paren	ts/guardians.			
•I/We agree that we and our child/children will follow all school policies/regulations. We understand that violation of school policies or regulations will result in the application of school sanctions, ranging from reprimand to permanent suspension as set forth in the Learner Handbook.							
•I/We agree to settle all financial obligations as they come due.							
•I/We agree to give the school a minimum of one term's notice of withdrawal or one term's fee in lieu of notice.							
SIGNATURES							
I/We agree that the above information is	correct.						
Parent/Guardian 1:							
Signature:			Date:				
			d	ld/mm/yy			
Parent/Guardian 2:							
Signature:							
			d	ld/mm/yy			

WINDSOR SCHOOL, ALBANY CAMPUS:

(242) 603-0180 info@windsorschoolbahamas.com

