



# REGISTRATION FORM

ALBANY<sup>®</sup>  
BAHAMAS



# 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  
WINDSOR  
SCHOOL

[illegible]

**LEARNER INFORMATION**

Proposed Date of Entry: (DD / MM / YY) \_\_\_\_\_

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: (DD / MM / YY) \_\_\_\_\_ Gender: ☐ Male ☐ Female

Current Grade Level: \_\_\_\_\_

Nationality: \_\_\_\_\_ First Language: \_\_\_\_\_

Additional Languages: \_\_\_\_\_

Name, Address, and Phone Number of Current School: \_\_\_\_\_

\_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

## Parent/Guardian 1

Relationship to Learner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

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 sisters (either current, former, or future learners).

Sibling 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
dd/mm/yySibling 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
dd/mm/yySibling 3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
dd/mm/yy

**FEE INFORMATION**

To whom should fee requests be addressed if different from above? \_\_\_\_\_

Relationship to Learner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Home:(\_\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_\_) \_\_\_\_\_ Mobile:(\_\_\_\_\_) \_\_\_\_\_

**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? ☐ Yes ☐ No

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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)? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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? ☐ Yes

If you have answered 'YES' to the above, please provide details: ☐ No

Please state any dietary restrictions or requirements that apply to your child and explain the reasons:

**DOCTOR INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**ADDITIONAL CONTACTS**

In the event of an emergency in which you cannot be reached please provide an additional contact.

Relationship to Learner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

**PARENT/GUARDIAN RESPONSIBILITIES**

- I/We will inform the School about any serious medical condition or disability of the learner, either existing or arising.
- I/We will inform the School immediately of changes of address or telephone number of parents/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: \_\_\_\_\_

dd/mm/yy

Parent/Guardian 2: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

dd/mm/yy

WINDSOR SCHOOL, ALBANY CAMPUS:

(242) 603-0180

[info@windsorschoolbahamas.com](mailto:info@windsorschoolbahamas.com)

