



Corner Smart & Francis Streets, St. Augustine.
 Telephone/Fax: (868) 771-3452/ 663-4135
 ♦ Email: luciasprivateschool@gmail.com

Date of Application: _____
 MM/DD/YYYY

STUDENT APPLICATION FORM

Student Registration Number: _____

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION FORM

Instructions: This application form is a legal document. It must be accurate and complete.
 Before a student can be registered, the student application form must be completed in its entirety and signed by the parent or guardian.
 The student application form is used to enroll a student who is new to Lucia's Private School, or who is returning to the school.
 This application form is also used to record important information changes. This includes changes to:
 Legal name of the student or parent/guardian
 Legal relationship of parent/guardian to student

1. Student Information

<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>LAST NAME</u>	<u>PREFERRED NAME</u>
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2. Home Address

(a). Contact

Home Address	Home Phone Number: ()
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3. Date of Birth

(a). Age

(b). Gender

(MM/DD/YYYY)	Age	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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4. Place of birth

Country of birth	Nationality
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5. Religious Declaration of the Child: (Check one):

- Roman Catholic
 Other Christian _____
 Hindu
 Muslim
 Any other Religion _____

6. Medical Information

Are there any serious conditions about your child which you wish the school to be aware? Please indicate below:

- Diabetes
 Epilepsy
 Allergies
 Asthma
 Heart Condition
 Other (Please Specify) _____

Medical Notes:

The Indicated original documents have been provided and copies made and attached:

- A Copy of Birth Certificate
 A Copy of Immunization Card
 A Passport Size photo of the child
 \$300.00 Registration fee (non-refundable)

7. SCHOOL HISTORY

If attending/attended another school, please specify:	School Address:	Name of Principal:
Do you or did you have a child attending this School? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES" Name of child:	

8. PARENTS INFORMATION

MOTHER

- Biological Mother
 Step-Mother

Surname	First Name	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr etc.
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9. Home Address

(a). Contact

Home Address	Home Phone Number: ()
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10. Mother's Occupation

(a). Work Address

Mother's Occupation	Work Address
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11. Phone No: (work)

(a). Mobile

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12. Emails

Personal Email	Work Email
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Student's

Surname

First Name

Middle Name



FATHER

- Biological Father* *Step-Father*

Surname	First Name	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr etc.
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13. Home Address **(a). Contact**

	Home Phone Number ()
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14. Father's Occupation **(a). Work Address**

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15. Phone No: (work) **(a). Mobile**

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16. Emails

<i>Personal Email</i>	<i>Work Email</i>
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GUARDIAN

- Aunt Uncle Grandparents Other _____

Surname	First Name	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr etc.
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17. Home Address **(a). Contact**

	Home Phone Number ()
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18. Guardian Occupation **(a). Work Address**

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19. Phone No: (work) **(a). Mobile**

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20. Emails

<i>Personal Email</i>	<i>Work Email</i>
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21. EMERGENCY CONTACTS

An "emergency contact person" is someone other than the parent.

EMERGENCY CONTACT #1:	Surname:	First Name:	Relationship to Child:
	Home Phone Number:	Mobile Number:	Mobile Number (2):

EMERGENCY CONTACT #2:	Surname:	First Name:	Relationship to Child:
	Home Phone Number:	Mobile Number:	Mobile Number (2):

DECLARATION BY PARENT OR GUARDIAN

I hereby certify the above information to be true, correct, and complete. I have also identified all guardians for this student.

Date: _____ Signature: _____

FOR SCHOOL USE ONLY			COMMENTS
CLASS:	CLASS TEACHER:	HOUSE COLOUR: <input type="checkbox"/> Yellow <input type="checkbox"/> Scarlet Ibis <input type="checkbox"/> Green Palm <input type="checkbox"/> Blue Tanager	