CREATIVE MINDS PRE & PRIMARY SCHOOL
NASSAU, BAHAMAS
TEL: 323-0196/552-0357
EMAIL: creativemindsdc1@gmail.com

1 Picture Only Stapled

STUDENT APPLICATION FORM

For Office Use Only

Grade applicant wishes to enter		Schedule testing date and time	
Test Grade		Family child	Staff child
Assigned Grade		Creative Minds Alumni	Yes No
Assigned House		Seat Fee/Enrollment #	
National Insurance #		Testing Fee	

(Complete all sections in capitals)

A **PERSONAL INFORMATION**

Name: Surname:				First Name:		Second Name:
Birthday:	M	D	Y	Present Age:	Years	Months

Country of Birth:				Present Nationality:
Sex (please tick) Male		Female		
Church presently attending:				

Please state who should be billed for school fees.

Name:	Telephone#	Email address:

B **SCHOOL HISTORY**

List all schools, which the child has attended including one presently attending in chronological order.

Name of School	Address	Present Grade

C **FAMILY INFORMATION**

(i) Parents/Guardian. (Complete all sections)

NB – Fill in the column headed Guardian only if the child does not live with parents.

	Father	Mother	Guardian
Full Name			
Street Address			
Home Telephone			
E-Mail Address			
Place of Employment			
Cell Phone			
Work Telephone			
Religion			
With whom does the child live? (tick)			

(ii) List below all brothers and sisters. State whether a present or former Creative Minds student and if so state his/her grade.

Name	Age	Creative Minds Student Yes/No	Grade

(iii) Please give below the name and daytime phone number of a person other than above, who could be contacted in the event of an emergency.

Name:	Telephone#

D **HEALTH**

Please attach a copy of Immunization Card

Name of Doctor/Physician		Telephone#

Is the applicant presently covered by any health insurance?	Yes		No	
Name of Insurance Company				
Description of applicant's general health				
Can the applicant participate in a full physical education programme?	Yes		No	
If No to above, please give details.				

List all childhood sickness/diseases the child has had and approximate dates, if known.

Sickness/Disease and Date	Sickness/Disease and Date

Give details of any special health or physical defects, which the child still may have (e.g. heart disease, convulsions, epilepsy, headache, asthma, kidney problems, clubfoot, etc.)
NB: If the child is known to have AIDS or has tested positive for the HIV virus, this must be indicated. Failure to disclose this information will result in the immediate dismissal of the child if the school finds subsequently that he/she is infected.

List below any emotional problems of which the school should be aware.

List below any surgical operations, which the child has had, and the approximate date.

Give details below of anything related to your child which has not been covered above and which might be helpful to the teachers.

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature_____ Date_____

Parent/Guardian

NOTE: The information on this form is treated as confidential data. If your child comes to Creative Minds, it will make up part of his/her confidential file. If he/she does not come, the entire form will be destroyed.