



School Registration Form

Windermere High School

Savannah Sound, Eleuthera, Bahamas, P.O. Box 25063

Phone: (242) 332-6105 • Email: windermerehighbah@gmail.com

Part A: STUDENT INFORMATION

Recent
Photo of
Student

First Name	Middle Name	Family Name		
Date of Birth: Day / Month / Year		Age	Male	Female
Nationality	Place of Birth	National Insurance Number		

Home Address

House Number	Street Name	Subdivision
Telephone Number	Email	

In the event of an emergency please contact:

Name: _____	Telephone: _____ (H) _____ (W)
Name: _____	Telephone: _____ (H) _____ (W)

The applicant lives with:

Father Both Parents
 Mother Other (Please specify)

List schools attended (Use reverse chronological order. Begin with most recent school.)

Name of School	Address	Date Attended

Part B: Family Information

Please check the appropriate box:



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Parents are:

Married Widowed
 Separated Common Law
 Divorced Single

Father

First Name		Middle Name	Family Name
Nationality		Place of Birth	
Religious Denomination			
House Number	Street Name		Subdivision
Telephone:		Email	
Place of Employment	Position		Telephone (W)

Mother

First Name		Middle Name	Family Name
Nationality		Place of birth	
Religious Denomination			
House number	Street Name		Subdivision
Telephone (H)		Email	
Place of Employment	Position		Telephone (W)

Legal Guardian

First Name		Middle Name	Family Name
Nationality		Place of Birth	Relationship
House number	Street Name		Subdivision
Telephone (H)		Email	
Place of Employment	Position		Telephone (W)
Religious Denomination			

What is the primary language spoken at home?

List any other language spoken at home:

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Sibling Information

Does the applicant have siblings at this school?

Yes

No



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If you answered yes to the above question, list the names and grade of the applicants' brothers and sisters.

Name	Grade	Name	Grade

Part C: Applicant's Medical History

In order to give us an accurate record of your child's medical history, please answer the questions truthfully and accurately.

Please indicate whether or not your child has received the following immunization shots:

IMMUNIZATION	Yes	No	Date Received
D.P.T.			
BOOSTER			
POLIO			
SMALL POX			
MEASLES			

Has your child ever suffered from any of the following conditions:

Medical Condition	Yes	No	Medical Condition	Yes	No
Heart Disease			Fainting		
Diabetes/Sugar			Jaundice		
Fits			Kidney Sickness		
Sickle Cell Anemia			Asthma		
Hearing Difficulties					
Vision Problems					
H I V					
AIDS					
Bronchitis					
Meningitis					
Pneumonia					

Has your child ever been hospitalized? Yes No

If you answered yes to the above question, please explain why your child had to be hospitalized.



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Does your child currently take any medications (pills or injection):

Yes

No

If you answered yes to the above question, please list the medications taken by your child and the reason.

Medication Taken	Condition for which medication is being taken
1	
2	
3	
4	

Is your child allergic to any type of medication?

Yes

No

If you answered yes to the previous question, please list the medications to which your child is allergic:

Medications that they are Allergic To	

Is your child allergic to any types of foods?

Yes

No

If you answered yes to the previous question, please list the foods to which your child is allergic:

Foods that they are Allergic To	

Are there any medical reasons why this child cannot participate in Physical Education or sports?

Yes

No

If you answered yes, please explain:



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(Signature of Parent/Legal Guardian)

(Date)

For Official Use Only			
Documentations Used in Registration:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Affidavit
Registration Fees:	<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid	Amount Paid <input style="width: 80px;" type="text"/>
Purchased P.E. Kit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 80px;" type="text"/>
Student House:	_____		
Verification of Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Consent to School Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 80px;" type="text"/>
Receipt Number:	_____		

1) PE Uniform	\$35.00
2) Uniform Shirt	\$ 35.00
3) Registration fee	\$400.00
4) Insurance (for 1 Year / or provide proof of insurance)	\$25.00
Total	\$495.00

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(Signature of School Principal)

(Date)