

Summit Academy



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ENROLLMENT APPLICATION FOR 20 ____ / ____ ACADEMIC YEAR

GRADE APPLYING FOR: _____

PARENT/GUARDIAN INFORMATION

Last Name	First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Name	Birthday (d/m/y)		National Insurance #
Street Address	Home Phone		Email
City	State/Island	Zip/PO Box	Country
Name of Current School	<input type="checkbox"/> Parochial <input type="checkbox"/> Private <input type="checkbox"/> Public		
Principal of Current School	School Phone		
Previous School	Name	Grade(s)	Dates Attended
	Name	Grade(s)	Dates Attended
Has applicant applied to Summit Academy before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, If Yes when? _____	

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Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other, Specify	Last Name	First	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr	
	Address <input type="checkbox"/> Check here if same address as applicant	City	State/Island	PO Box
	Employer Name	Business Phone Cell Phone		
	Profession	Position		
	Business Address	City	State/Island	Zip/PO Box

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Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other, Specify	Last Name	First	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr	
	Address <input type="checkbox"/> Check here if same address as applicant	City	State/Island	PO Box
	Employer Name	Business Phone Cell Phone		
	Profession	Position		
	Business Address	City	State/Island	Zip/PO Box

Applicant Lives with Both Parents Mother Father Other, Specify.....

To whom correspondence should be sent Both Parents Mother Father Other, Specify.....

List other children
in the family

Name	School attending	Grade
Name	School attending	Grade
Name	School attending	Grade

List all relatives who attended
or are attending Summit academy

Name	School attending	Grade
Name	School attending	Grade
Name	School attending	Grade

1. How did you hear about Summit Academy?
2. May we thank someone for referring you to us?
3. What are the qualities about Summit Academy that interest you? Why do you think these qualities would be a good match for your family?
4. What do you expect of Summit Academy?
5. What do you expect of your child in the Summit Academy setting? Academic, social, extra curricular?
6. What are the first words that come to mind best describe your child?

Parent/Guardian Signature _____ Date _____