



The Shepherd's Academy

APPLICATION FOR ADMISSION

SCHOOL YEAR: _____ **GRADE:** _____

STUDENT NAME: _____
First Middle Surname

SEX: ___ M ___ F **PLACE OF BIRTH:** _____ **NATIONALITY:** _____

DATE OF BIRTH: _____ / _____ / _____ **AGE:** _____
Day / Month / Year

LIVE WITH: 2 PARENTS: _____ **1 PARENT:** _____

GUARDIAN: _____ **OTHER:** _____

MOTHER

FATHER

GUARDIAN/OTHER

NAME: _____

ADDRESS: _____

OCCUPATION: _____

HOME TELEPHONE: _____

WORK TELEPHONE: _____

EMAIL ADDRESS: _____

PRESENT MEDICAL CONDITIONS:

Allergies ___ Epilepsy ___ Diabetes ___ Eye Problems ___ Asthma ___ Hep A ___ Hep B ___

Hep C ___ Heart Problems ___ ADD ___ Teeth Problems ___ Ear Problems ___

Physical Problems ___

Other Medical Problems: _____

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Application for Admission (Cont'd)

Documents to accompany application:

- Birth Certificate
- Passport
- Two passport photographs
- Health Record/Immunization Certificate
- School Transcript and/or recent report card(s)

FEES:

A registration/book fee of \$400.00 for those agreeing to utilize used text books and \$650.00 for those opting for new books to be provided is due at the time of enrollment, this is **(NON-REFUNDABLE and NON-TRANSFERABLE)**, see details in Student Handbook.

\$275.00 monthly tuition fee due on the 1st of the month.

Penalty fee of \$25 apply to late payments after the 5th of the month

First month's tuition is payable upon registration

Person responsible for tuition payment: _____

Parent/Guardian Signature: _____

Date: _____