



BAHAMAS ACADEMY OF SEVENTH-DAY ADVENTISTS

New Student Application Form: Part I - Information

Complete form and return to the Admissions Office at our Marshall Road Campus.
Child's Birth Certificate or first four (4) pages of passport must accompany form.

Information on Child

Last Name: _____ First Name: _____ Middle Name: _____

Sex: Male () Female () Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____

Student Religion: _____ Church Student Attends: _____

What grade are you applying for? _____ When is the admission desired? _____

School Last Attended:

School's Name: _____ School Address: _____

Last Grade: _____ Length of Attendance: _____

List Name(s) of siblings attending Bahamas Academy.

Name 1: _____ Grade: _____ Name 2: _____ Grade: _____

Name 3: _____ Grade: _____ Name 4: _____ Grade: _____

Information on Parent/Guardian: Mother/Guardian

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ Postal Address: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Employment: _____ Address: _____ Occupation: _____

Information on Parent/Guardian: Father/Guardian

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ Postal Address: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Employment: _____ Address: _____ Occupation: _____

I certify that the information in this application is complete and accurate. I also agree to follow the rules and regulations of Bahamas Academy and to pay all tuition and fees by the due date for each term.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____



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New Student Application Form: Part II – Health Examination

Complete form and return form to the Admissions Office at our Marshall Road Campus.
Health Examination Form must be returned with a copy of **Immunization Card** – All information confidential.

Part A. To Be Filled in by parent and reviewed with a Physician. Note: Return with a copy of Immunization Card.

Student Information:

Last Name: _____ First Name: _____ Middle Initial: _____ Sex: _____ Age: _____

Parent/Guardian: _____ Street Address: _____

Postal Address: _____ Date of Birth: _____ Phone Number: _____

In Emergency Notify: _____ Address: _____ Phone: _____

Health History Check (✓):

Diseases	Allergies	Chronic/Recurring Illness	Medical Dates
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Ear Infections	Operations/Serious Injury Dates: _____
<input type="checkbox"/> Measles	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease	Hospitalization Dates: _____
<input type="checkbox"/> German Measles	<input type="checkbox"/> Drugs	<input type="checkbox"/> Convulsions	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Parents Suggestions: _____ Other Allergies/Illness of Above: _____

Fainting: _____ Menstruation: _____ Constipation: _____

Encouraged Activities: _____ Discouraged Activities: _____

Special Medical or Dietary Regimen To Be Followed (Specify): _____

Part B. To be completed by Physician. An examination for some other purpose within the past six months is acceptable.

Physician Name: _____ Physician Phone: _____ Date of Examination: _____

Code: Satisfactory (✓) Not Satisfactory (X) Not Examined (NE)

Height: _____ Weight: _____ B. P.: _____ Appearance, Nutrition: _____

Eye Sight (without glasses): R20/ _____ L20/ _____ Eye Sight (with glasses): R20/ _____ L20/ _____

Ears: Hearing R () Ears: Hearing L () Nose () Throat () Teeth ()

Heart () Lungs () Abdomen () Genitalia () Hernia ()

Skin () Musculoskeletal () Stool Examination () Urinalysis () HGB ()

Other Notes: _____



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New Student Application Form: Part III – Church Recommendation

Complete Form and return form to the Admissions Office at our Marshall Road Campus.
Form to be completed by Church Pastor, Youth Leader or Sabbath School/Sunday School Teacher.

Name of Applicant: _____ D.O.B: _____ Time period you have known applicant: _____

Please indicate your opinion by placing a check (✓) mark in the appropriate column. NB: All information will be confidential.

Characteristics	Outstanding	Excellent	Good	Fair	Poor	Did Not Observed
SPIRITUAL						
Religious Services Attendance						
Sabbath/Sunday School Attendance						
Involvement in Church Activities						
Spiritual Influence on Others						
Religious Convictions Attendance						
MORAL						
Respect for God						
Ability to Make Appropriate Choices						
Attire Presentation						
Personal Standards						
Behavior at Religious Services						
Integrity						

I would: () Highly Recommend () Recommend () Recommend with Reservations

To the best of our knowledge, does the applicant use Tobacco? _____ Drug? _____ Alcohol? _____

Form Completed By:

Name: _____ Signature: _____ Position: _____

Name of Church: _____ Phone Number: _____ Date: _____

Additional Comments:



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New Student Application Form: Part IV – Past School Recommendation

Complete Form and return form to the Admissions Office at our Marshall Road Campus.
Form to be completed by Principal or Class Teacher. Form is not applicable for Early Learning Center and Grade 1 Students.

Name of Applicant: _____ D.O.B: _____ Time period you have known applicant: _____

Please indicate your opinion by placing a check (✓) mark in the appropriate column. NB: All information will be confidential.

Characteristics	Outstanding	Excellent	Good	Fair	Poor	Did Not Observed
PHYSICAL						
Engage in Physical Activities						
General Health						
MENTAL						
Reading Ability						
Math Ability						
Attention Span						
Oral Expression						
Written Expression						
Ability to Deal With Stress						
SOCIAL						
Conduct/Behavior						
Ability to get along with Teachers						
Ability to get along with Others						
Ability to Work in a Group						
Ability to Resolve Conflicts						
CULTURAL						
Dependability						
Wears Proper Uniform/Appearance						
Attendance/Punctuality						

I would: () Highly Recommend () Recommend () Recommend with Reservations

To the best of our knowledge, does the applicant use Tobacco? _____ Drug? _____ Alcohol? _____

Form Completed By

Name: _____ Signature: _____ Position: _____

Name of School: _____ Phone Number: _____ Date: _____