Tonique Williams Darling Highway

P.O.Box SP62216

Nassau, Bahamas

Phone: (242) 341-5531

sanpedrointernational@gmail.com

www.escuelasanpedrointl.com

SAN PEDRO
INTERNATIONAL SCHOOL

# Student Enrollment Form

Photo Here

Date of Enrollment: _____

Name of Child: _____

Birth Date: ___/___/___ Gender: ☐ M ☐ F

Full Name of Mother: _____

Full Name of Father: _____

Mother's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Hours: _____

Email Address: _____

Father's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Hours: _____

Email Address: _____

Person（s） to contact in case of emergency/Authorized to pick up child:

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Other Person（s） Authorized to pick up:

Name: _____

Name: _____

Name: _____

Name: _____

Please state who should be billed for school fees.

| **Name:** | **P.O. Box** | **Telephone #:** |
|---|---|---|
| | | |

School History

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

| **Name of School** | **Address** | **Present Grade** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Child ’s Doctor:

Is your child ’s immunization up to date? Yes ( ) No ( )

Explain: _____

## Child ’s Health History

Does your child have any known health problem? Yes ( ) No ( ) If yes attach documentation.

Check ( ) any of the following illness the child has had:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Asthma | ☐ | Earaches | ☐ | Mumps | ☐ | Whooping Cough | ☐ |
| Bronchitis | ☐ | Croup | ☐ | Convulsions | ☐ | Polio | ☐ |
| Chicken Pox | ☐ | Influenza | ☐ | Diphtheria | ☐ | Rubella | ☐ |
| Measles | ☐ | Pneumonia | ☐ | Rheumatic Fever | ☐ | | |
| Eczema | ☐ | Frequent | ☐ | | | | |

Other: _____

Please list any injuries your child has had: _____

Does your child have any allergies: Yes ( ) No ( ) If yes, what are they and what is the child ’s reaction: _____

Does your child take any Medication on a regular basis? Yes ( ) No ( )

Please comment on any other medical information/special need the child care provider should be aware of: _____

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

| | |
|---|---|
| | |

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 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 relating to your child which has been covered above and which might be helpful to the teachers.

I certify that all information on this form is TRUE and CORRECT.

I authorize **San Pedro** staff to obtain the following services for this child if necessary : Public Health Nurse, Physician and or Ambulance in the event of an emergency. (Ambulance Fees and/health care cost are the responsibility of the parent/guardian.)

Date

Parents Signature

Note: The information on this form is treated as confidential data. If your child comes to **San Pedro**, this form will be attached to his/her confidential file. If he/she does not come, the entire form will be destroyed.