

THE SCHOOLHOUSE FOR SPECIAL NEEDS

"Britton Court", Reservoir Road, Brittons Hill, St. Michael, Barbados, T: 246-622-1599, E: principal@schoolhousefsn.org

ENROLLMENT APPLICATION

Student's Information

First Name: _____	Surname: _____	Gender:	Male	Female
Home Address: _____				
D.O.B.: _____	Place of Birth: _____			
Last School Enrollment: _____	Country: _____			
Religious Denomination: _____	B'dos ID/Visa No.: _____			

Father's Information

First Name: _____	Surname: _____	Middle Initial: _____
Home Address: _____		
Employer: _____	Position: _____	
Employer's Address _____		
Telephone Numbers:	Home: _____	Work: _____
	Mobile: _____	Email: _____

Mother's Information

First Name: _____	Surname: _____	Middle Initial: _____
Home Address: _____		
Employer: _____	Position: _____	
Employer's Address _____		
Telephone Numbers:	Home: _____	Work: _____
	Mobile _____	Email: _____

Medical Information

Student's Physician: _____	Telephone: _____
Physician's Address: _____	
List Any Illnesses/Allergies: _____	
List Any Chronic Illness/Physical Disabilities: _____	
List Any Current Medications: _____	
<small>If necessary, attach a separate sheet detailing any challenges that your child/ward may have.</small>	

Emergency Information (Other Than Parent/Guardian)

First Name: _____	Surname: _____	Relation: _____
Address: _____		
Telephone: _____	Home: _____	Work/Cell: _____

Reference Information

Referred By: _____		
Reference No. I:		
First Name: _____	Surname: _____	Relation: _____
Telephone: _____	Home: _____	Work/Cell: _____
Reference No. II:		
First Name: _____	Surname: _____	Relation: _____
Telephone: _____	Home: _____	Work/Cell: _____

I agree to abide by all regulations of the School. I undertake to pay the School Fees by the **first week of each term** and I understand that a term's notice (or a term's fee in lieu of notice) **is required before withdrawal.**

Signature:

Mother's/Father's/Guardian's Signature

Date

FOR OFFICIAL USE ONLY

Commencement Date: _____

Termination Date: _____