



Hampton Academy (Grade 1-6)
81 Collins Ave
Nassau, Bahamas
(242) 602-7733 or (242)818-5633
HamptonAcademyBahamas@gmail.com
www.NewHamptonAcademy.com

STUDENT INFORMATION SHEET

Name:		Student ID:
Date of birth:	Sex:	Today's Date:
Current Street address:		CURRENT GRADE:
P.O. Box	City:	Island:

GUARDIAN'S CONTACT

Mother's Name:		Father's Name:	
Occupation:		Occupation:	
Phone Number:		Phone Number:	
Email:		Email:	
Marital Status of Parents:	If No: Who does child reside with?	Language Spoken in the home?	

ABOUT YOUR CHILD

General Health Condition?	Allergies? Yes No Specify:
Methods of home discipline?	Who disciplines?
What time does your child go to bed?	How often do you study with your child?
What are your child's strongest academic subjects?	
What are your child's weakest academic subjects?	
Has your child ever had an Individual Education Plan? If so, Please provide a copy.	
Has your child ever been evaluated by Psych Services, Speech Services, Occupational Services etc.? If so, Please provide a copy of each.	
What family activities does your child enjoy?	
Describe your child's personality, characteristics and interests.	

PERSONS AUTHORIZED FOR PICK UP

The following people may pick up my child:		
Name	Relationship	Telephone
1.		
2.		
3.		

EMERGENCY CONTACTS

The following people may be called for emergencies or illnesses:		
Name	Relationship	Telephone
1.		
2.		
3.		

EMERGENCY AGREEMENT

It is the policy of Hampton Academy to contact the parents of a child regarding medical treatment when their child is seriously injured or becomes seriously ill and requires immediate attention by a physician. If we are unable to contact either parent or the emergency contacts provided by you, the following information is necessary:

Child's Physician:

Address:

Phone:

OTHER INFORMATION

How did you hear about Hampton Academy?

What are the qualities about Hampton Academy that interest you?

What do you expect your child to achieve by attending Hampton Academy?

What recreational activities would you like to have your child participate in?

Would you be interested in a off campus swimming for your child?

Do you want your child to return to the mainstream?

FINANCIAL AGREEMENT

We hereby agree to pay tuition according with our payment plan selected. There is a 10% late fee penalty applied after the 3rd day of the original due date. We are aware that there are no refunds or credits for temporary absences due to personal vacations, school vacations, illness, suspension, dismissal and withdrawal. I realize that I am financially responsible for my child's fees for the time enrolled.

SIGNATURES

I _____ authorize the Hampton Academy to provide educational services for (Guardian's Name)

_____ as of _____. (Student's Name)

I _____ will be responsible for fees. Please review our policies in the handbook provided upon (Guardian's Name)

enrollment.

Signature of applicant:

Date:

Start Date:

Registration Fee:

Tuition Rate:

Payment Plan:

Materials Fee:

Book & Tech Fee:

Enrolled by: