



**Hampton Academy (Grade 1-3)**  
**11 Bradley Street**  
**Palmdale, Nassau**  
[HamptonAcademyNassau@gmail.com](mailto:HamptonAcademyNassau@gmail.com)  
[www.NewHamptonAcademy.com](http://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**

<b>Mother's Name:</b>		<b>Father's Name:</b>	
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**

Tuition is billed by the year. You can opt to make payments: Yearly, by the term or monthly. This will be outlined on your financial agreement form.

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.

I \_\_\_\_\_ authorize the Hampton Academy to provide educational services for applicant. I will be responsible for (full or partial) fees.

My workplace will also be responsible for partial fees. PARENT

Employed PARENT NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ Responsible For \_\_\_\_\_ %

Signature of applicant:

Date:

Start Date:

Registration Fee:

Tuition Rate:

Payment Plan:

Materials Fee:

Book & Tech Fee:

Enrolled by: