



#1 Collymore Rock  
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**A NON-REFUNDABLE REGISTRATION FEE OF \$25.00 IS PAYABLE ON APPLICATION**

**PLEASE PRINT ALL INFORMATION**

<b>SECTION A: CHILD'S INFORMATION</b>			
<b>SURNAME:</b>		<b>FIRST:</b>	<b>OTHER(S):</b>
<b>GENDER:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>DATE OF BIRTH</b> (dd/mm/yyyy)	<b>ID OR PASSPORT NO.:</b>
<b>DOES THE CHILD HAVE ANY PHYSICAL DISABILITY?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>IF YES, PLEASE SPECIFY:</b>	
<b>PLEASE LIST ANY ILLNESSES (INCLUDING CHRONIC ILLNESSES AND ALLERGIES):</b>			
<b>COUNTRY OF BIRTH:</b>		<b>COUNTRY OF CITIZENSHIP:</b>	
<b>ADDRESS:</b>			
<b>HOME PHONE:</b>	<b>RELIGION:</b>	<b>REFERRED BY:</b>	
<b>EMAIL:</b>			
<b>PREVIOUS SCHOOL:</b>			<b>CLASS/Form REQUESTED:</b>
<b>SECTION B: MOTHER'S INFORMATION</b>			
<b>SURNAME:</b>		<b>FIRST:</b>	<b>OTHER(S)</b>
<b>ADDRESS (IF DIFFERENT FROM ABOVE):</b>			
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>	<b>WORK PHONE:</b>	<b>Fax Number:</b>
<b>Email:</b>			
<b>OCCUPATION:</b>		<b>NATIONALITY:</b>	<b>RELIGION:</b>

<b>SECTION C: FATHER'S INFORMATION</b>			
SURNAME:	FIRST:	OTHER(S)	
ADDRESS (IF DIFFERENT FROM ABOVE):			
HOME PHONE:	CELL PHONE:	WORK PHONE:	FAX NUMBER:
Email:			
OCCUPATION:	NATIONALITY:	RELIGION:	
<b>SECTION D: GUARDIAN'S INFORMATION/OTHER EMERGENCY CONTACT</b>			
SURNAME:	FIRST:	OTHER(S)	
ADDRESS (IF DIFFERENT FROM ABOVE):			
HOME PHONE:	CELL PHONE:	WORK PHONE:	FAX NUMBER:
Email:			
OCCUPATION:	NATIONALITY:	RELATIONSHIP:	
<b>SECTION E: DOCTOR'S INFORMATION</b>			
NAME OF DOCTOR:		TELEPHONE:	
IN CASE OF AN EMERGENCY, DO WE HAVE PERMISSION TO CALL YOUR CHILD'S DOCTOR? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>SECTION F: DECLARATION</b>			
I certify that the facts stated above are correct. I also acknowledge that I will be responsible for, and will pay all school fees by the <b>first week of each term</b> unless otherwise directed by the head of the school or a representative appointed by them. In addition, I also agree to abide by all the regulations of the school and to give a <b>term's notice</b> (or a term's fee in absence of notice) <b>before withdrawing my child</b> from the school.			
_____ Signature of Parent/Guardian		_____ Date(dd/mm/yyyy)	