



WINDSOR
SCHOOL



REGISTRATION FORM

ALBANY[®]
BAHAMAS



WINDSOR
SCHOOL

WELCOME

to **new** standards in education

to **new** levels of creativity

to **new** ways to see the world

to **new** measures on progress

to **new** technology to prepare you for the future

to **new** healthy practices

to **new** facilities for art, performing arts, science,
sport and green learning

to nurturing old-fashioned values, including respect,
understanding, purpose, and accountability

WELCOME TO

WINDSOR
SCHOOL

LEARNER INFORMATION

Proposed Date of Entry: (DD / MM / YY) _____

First Name(s): _____ Last Name: _____

Date of Birth: (DD / MM / YY) _____ Gender: Male Female

Current Grade Level: _____

Nationality: _____ First Language: _____

Additional Languages: _____

Name, Address, and Phone Number of Current School: _____

PARENT OR GUARDIAN INFORMATION

Parent/Guardian 1

Relationship to Learner: _____

Name: _____

Address: _____ Employer: _____

E-mail: _____

Phone Home:(_____) _____ Work:(_____) _____ Mobile:(_____) _____

Albany Member: ___ No ___ Yes. Membership Number*: _____

Parent/Guardian 2

Relationship to Learner: _____

Name: _____

Address: _____ Employer: _____

E-mail: _____

Phone Home:(_____) _____ Work:(_____) _____ Mobile:(_____) _____

SIBLING INFORMATION

Please provide the names of brothers and sisters (either current, former, or future learners).

Sibling 1 Name: _____ Date of Birth: _____
dd/mm/yy

Sibling 2 Name: _____ Date of Birth: _____
dd/mm/yy

Sibling 3 Name: _____ Date of Birth: _____
dd/mm/yy

* - Only one number per family required; to receive Albany member rate for tuition membership must be current at the time of invoicing.

FEE INFORMATION

To whom should fee requests be addressed if different from above? _____

Relationship to Learner: _____

Name: _____

Address: _____ Employer: _____

E-mail: _____

Phone Home:(_____) _____ Work:(_____) _____ Mobile:(_____) _____

LEARNER LANGUAGE INFORMATION

If your child speaks English as a second language, please answer the following as accurately as possible to help us anticipate educational programming needs and support.

How long has your child been speaking English? _____

When does your child use English? _____

Is there any additional information that you would like to share? _____

SPECIAL EDUCATION/GIFTED PROGRAMMING REQUIREMENTS

If your child has any known or suspected disabilities or learning challenges, please answer the following as accurately as possible to help us anticipate educational programming needs and support.

Has your child been diagnosed as having a learning difference or disability? Yes No

If you have answered 'YES', please provide details and any supporting documentation. Please include the name of the disability and how it might affect your child's learning experiences at school:

Are you aware of any challenges or obstacles that currently affect your child's learning? (This might be a suspected disability, behaviours, significant changes in environment or within the family, etc.) Yes No

If you have answered 'YES', please provide more detail: _____

Is there any additional information that you would like to share? _____

LEARNER'S MEDICAL INFORMATION

Does your child have any medical condition(s)? Please include allergies. Yes No

If you have answered 'YES', please provide details including name of the medical condition and how it might affect his/her experiences at school:

Does your child require regular medication(s)? Yes No

If you have answered 'YES', please give details including name(s) of the medication(s), purpose(s), and potential side effects:

Will your child require medication during school hours? Yes No

If you have answered 'YES' to the above, please provide additional details*:

**Windsor Preparatory School may require communication with your child's physician regarding the administration of medications during school hours.*

Does your child suffer from any condition which may affect his/her participation in sport or swimming? Yes

If you have answered 'YES' to the above, please provide details: No

Please state any dietary restrictions or requirements that apply to your child and explain the reasons:

DOCTOR INFORMATION

Name: _____

Address: _____ Work Phone:(_____) _____

ADDITIONAL CONTACTS

In the event of an emergency in which you cannot be reached please provide an additional contact.

Relationship to Learner: _____

Name: _____

Address: _____ Employer: _____

E-mail: _____

Phone Home:(_____) _____ Work:(_____) _____ Mobile:(_____) _____

PARENT/GUARDIAN RESPONSIBILITIES

- I/We will inform the School about any serious medical condition or disability of the learner, either existing or arising.
- I/We will inform the School immediately of changes of address or telephone number of parents/guardians.
- I/We agree that we and our child/children will follow all school policies/regulations. We understand that violation of school policies or regulations will result in the application of school sanctions, ranging from reprimand to permanent suspension as set forth in the Learner Handbook.
- I/We agree to settle all financial obligations as they come due.
- I/We agree to give the school a minimum of one term's notice of withdrawal or one term's fee in lieu of notice.

SIGNATURES

I/We agree that the above information is correct.

Parent/Guardian 1: _____

Signature: _____ Date: _____
dd/mm/yy

Parent/Guardian 2: _____

Signature: _____ Date: _____
dd/mm/yy

WINDSOR SCHOOL, ALBANY CAMPUS:

(242) 603-0180

info@windsorschoolbahamas.com

