



# Lucaya International School

P.O. Box F-44066 Freeport, Grand Bahama Island, Bahamas  
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## **NEW STUDENT APPLICATION AND REGISTRATION FORM**

*Print clearly or type form. Please complete entire form (3 pages), sign and date.*

**Student Legal Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_  
(Last) (First) (Middle)

Male \_\_\_ Female \_\_\_ **Birth date:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
(Day/ Month /Year) (City, State/Province, Country)

**First Language:** \_\_\_\_\_ **Other Language(s):** \_\_\_\_\_

**Nationality\*:** \_\_\_\_\_ **Passport No.:** \_\_\_\_\_

**National Insurance No.:** \_\_\_\_\_

**Expected date of enrollment:** \_\_\_\_\_ **Entering Year/Grade:** \_\_\_\_\_

### **Prior Schools attended** (list most current first):

Name of School	City/Country	Grade Level(s)	Dates Attended	Language of Instruction
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Mother/Guardian Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
(Last) (First)

**Home Address:** \_\_\_\_\_  
(House or Apartment Number, Street Name, Community/Development Name, City)

**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(P.O. Box Number) (Preferred email address to be used for all school & P.T.A. communication)

**Employer's Name & Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
(Last) (First)

**Home Address:** \_\_\_\_\_  
(House or Apartment Number, Street Name, Community/Development Name, City)

**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(P.O. Box Number) (Preferred email address to be used for all school & P.T.A. communication)

**Employer's Name & Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Student lives with** (circle all that apply):

Mother      Father      Step-father      Step-mother      Guardian (name) \_\_\_\_\_

Name of Brother/Sister      Full/Step/Half      Age      Year/grade      Name and Location of School

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Home Address (if differs from parent/guardian): \_\_\_\_\_  
(House or Apartment Number, Street Name, Community/Development Name, City)

Student Phone No. (if differs from parent/guardian): \_\_\_\_\_

**Billing Information**

Name of individual/company responsible for tuition payment\*: \_\_\_\_\_

_____	_____
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(P.O. Box, Street Address, City)

(Contact Phone Number)

Billing email address: \_\_\_\_\_

Please note:

- Following the due date, the school charges a late fee of 1.5 percent on the outstanding balance per month. LIS reserves the right to withhold reports pertaining to students in the event of non-payment.
- If a company is responsible for funding a child's/children's education, it is agreed that ultimate financial obligation, including any bank and legal charges associated with payment of school fees, rests with the parent should the company fail to pay the necessary fees.
- In the case of the Parents being responsible for the payment of school fees, the Parents agree to pay all bank and legal costs associated with the collection of fees in the event of non-payment.

If you are residing temporarily or part-time on the island, please indicate your permanent or alternate address below, including street address, box numbers, province/state, country, postal code and telephone numbers:

\_\_\_\_\_

\_\_\_\_\_

Please state if there are any cultural and/or religious practices that the school should be made aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent information and acknowledgement:**

**\* Non-Bahamian citizens only:**

We are required by Bahamian law to only accept children of Non-Bahamian parents with the following status in the Bahamas.

Please indicate your status:

Permanent Resident       Work Permit Holder       Annual Resident Permit Holder

Applicable Parent Guardian Name: \_\_\_\_\_

Unless the student is included on your passport, all children of Non-Bahamians are required to have a permit to reside. These permits are obtainable from the Department of Immigration.

Upon registration, please supply us with a copy of your child's Permit to Reside, Passport and National Insurance Card.

This form must be completed along with the "Student Emergency Contact" and "Student Health Record" forms and turned into the LIS main office in order for the student to be eligible for enrollment at LIS. This form provides us with vital contact information that is necessary for the health and well being of our students, school community and adherence to governmental compliance issues.

A non-refundable registration fee of \$150 must accompany this application.

The tuition at Lucaya International School is an annual tuition, where installment payments may be made five times per year. Parents or guardians of students who leave the school year early are responsible for the payment of the full year's tuition and any other charges. A non-refundable one-time development fee is also charged and payable upon enrollment at LIS.

In signing this form and in consideration of the acceptance of the above listed student for enrollment, each parent agrees to be jointly and severally bound by the terms set out in the Parent/Student handbook and the LIS Policies as adapted by the Board of Directors from time to time.

We hereby certify that the above information is, to the best of our knowledge, complete and accurate. We authorise the school to contact previous schools and request transcripts to verify the facts. We realise that failure to provide accurate information will jeopardise the student's admission to LIS.

THE SCHOOL CARRIES ACCIDENT INSURANCE UP TO \$5,000.00 TO COVER REASONABLE MEDICAL EXPENSES INCURRED BY A STUDENT FROM AN ACCIDENT ON SCHOOL PREMISES OR ON SCHOOL SUPERVISED TRIPS OFF SCHOOL PREMISES, PROVIDED THAT THE LIABILITY SHALL NOT EXCEED \$5,000.00 IN RESPECT OF ANY ONE STUDENT IN ANY PERIOD OF INSURANCE. THE SCHOOL DOES NOT ACCEPT RESPONSIBILITY FOR ANY LOSS OR EXPENSE NOT COVERED BY SUCH INSURANCE. WE HAVE READ THIS EXCLUSION OF LIABILITY AND FULLY UNDERSTAND IT AND AGREE TO THE ABOVE CONDITION.

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date: Month/Day/Year

\_\_\_\_\_  
Date: Month/Day/Year