



Blake Academy

(242) 676-5942

Email: info@blakeacademy.org

Website: www.blakeacademy.org

ENROLMENT APPLICATION STUDENT 2022 - 2023

1. PERSONAL INFORMATION

Child's Name: First: _____ M.I. _____ Last: _____

Child's Date of Birth: Month _____ Day _____ Year _____ Sex: Male: () Female: ()

Grade Level Completed: _____

2. FATHER'S CONTACT INFORMATION

Father's Name: _____ Email: _____

Home Phone #: _____ Cellular #: _____

Place of Employment: _____ Phone No.: _____

3. MOTHER'S CONTACT INFORMATION

Mother's Name: _____ Email: _____

Home Phone #: _____ Cellular #: _____

Place of Employment: _____ Phone No.: _____

4. STUDENT MEDICAL INFORMATION

Current Health Status: Excellent () Average () Poor ()

Impairments/Special Conditions: None () Visual () Hearing () Speech () Others ()

If any, please explain: _____

Does your child have any Medical illness/allergies: No () Yes ()

If any, please explain below or kindly explain on a separate sheet and attach to this application:

Preferred Health-care provider in case of life-threatening emergency: PMH () Doctor's ()

If your child is asthmatic, epileptic, suffers from allergies, heart problems, frequent headaches, fainting spells, etc., a separate Doctor's Report MUST be completed by his/her pediatrician.



Blake Academy

(242) 676-5942

Email: info@blakeacademy.org

Website: www.blakeacademy.org

PICK-UP INFORMATION

List all persons authorized to pick-up your child. Your child will NOT BE RELEASED to anyone whose name is not listed unless you notify us in writing or by telephone.

→ Name: _____ Daytime Phone: _____

→ Name: _____ Daytime Phone: _____

EMERGENCY CONTACT INFORMATION

Responsible adults (OTHER THAN PARENTS) to contact, in case of emergency,
If parents CANNOT be reached.

Name of Person: _____ Relation to Child: _____

Work Phone #: _____ ext. ____ Home Phone #: _____ Pager/Cellular #: _____

Name of Person: _____ Relation to Child: _____

Work Phone #: _____ ext. ____ Home Phone #: _____ Pager/Cellular #: _____

CONDITIONS OF ENROLMENT

- Tuition fees MUST be paid BEFORE the first day of attendance and before each TERM commences.
- There will be neither refunds nor credits for days missed due to reasons beyond the school's control.
- BA will not be held liable for any losses of personal effects sustained by the student.
- Parents who willingly withdraw their child during the academic year are advised to use the (School term) already paid for since there will be no refund of tuition under such circumstances.
- Children are required to have health insurance coverage. (A copy showing proof of coverage must be attached to this application.)

DISCLAIMER

We have read the conditions of enrolment outlined above and agree to be bound by all policies and regulations as set forth herein and in Blake Academy Parents Handbook currently or hereafter in force. I understand that my child's enrolment can be terminated without notice for just cause. I declare that all particulars given herein are correct to the best of my knowledge, and that BA is not liable for any harmful consequences of false declarations made herein.

→ Mother's Signature: _____ Date: _____

→ Father's Signature: _____ Date: _____