



# FIA Application for Admission

## Indicate the School Year for Admission

2020-2021

2021-2022

2022-2023

**Date of Application:** day\_\_\_\_ month \_\_\_\_\_ year\_\_\_\_\_

Applying to: Grade 7      Grade 8      Grade 9      Grade 10      Grade 11

### Student Information

Applicant's First Name \_\_\_\_\_

Applicant's Middle Name \_\_\_\_\_

Applicant's Last Name \_\_\_\_\_

Sex      Male      Female      Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Applicant lives with:      Both Parents      Father      Mother      Other (List)

### Family Information

*Father's Name* \_\_\_\_\_

Home Address \_\_\_\_\_

Work Place \_\_\_\_\_

Email \_\_\_\_\_

Home# \_\_\_\_\_ Mobile# \_\_\_\_\_ Work# \_\_\_\_\_

*Mother's Name* \_\_\_\_\_



Home Address \_\_\_\_\_  
 \_\_\_\_\_

Work Place \_\_\_\_\_

Email \_\_\_\_\_

Home# \_\_\_\_\_ Mobile# \_\_\_\_\_ Work# \_\_\_\_\_

*Siblings*

Name(s)	Date of Birth	School

**Medical Information**

Please indicate the student's medical conditions by circling them:

Asthma  Respiratory ailments  Chest problems  Heart problems   
 Headaches  Gastric problems  Sting allergy   
 Nut allergy  Lactose intolerance  Diabetes Sickle Cell   
 Skin complaints  Hearing impairment  Epilepsy  Allergies

'Other' health complaints/problems: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Doctor's Cell Phone Number: \_\_\_\_\_

Has your child ever been a recipient of a special services program? PLEASE circle ALL THAT APPLY (If so, please bring a copy of your child's evaluation).

Visual or Hearing Treatment                       Physical Therapy  
 Speech Therapy     Behavior Therapy



Other (please describe) \_\_\_\_\_

**Prior Schooling**

Present School \_\_\_\_\_

School Phone # \_\_\_\_\_

Name of Director/Principal \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Math Teacher's Name/email address - Recommendation Required

\_\_\_\_\_

English Teacher's Name/email address - Recommendation Required

\_\_\_\_\_

List all schools attended in the past three years.

\_\_\_\_\_

\_\_\_\_\_

**General Information**

Please comment on an aspect of your child that you consider unique or special.

What expectations do you have for your child at Fairfield International Academy?

Does your family speak a language other than English at home? Specify if yes.

How did you hear about Fairfield International Academy?



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- A nonrefundable application fee of USD\$150.00 is due to complete the application process. Enrollment Fee - Payment of USD\$1500 must be paid at the time of official acceptance.
  - Please email all completed application forms to [FIA@fairfieldacademyja.com](mailto:FIA@fairfieldacademyja.com)

- Application and enrollment fees may be made via cheque or direct bank deposit:

**Payment via cheque:** please make cheque payable to *Fairfield International Academy Ltd.*

**Payment via Bank Deposit: Account Name:** Fairfield International Academy Ltd; Sagicor Bank; Fairview Branch: 5503359377 (US)

Please mail [accounts@fairfieldacademyja.com](mailto:accounts@fairfieldacademyja.com) if you have paid via bank deposit. bank deposit.

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Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_