



# FIA Application for Admission

Indicate the School Year for Admission

2022-2023

2023-2024

2024-2025

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

Grade Applying to:  Gr 7  Gr 8  Gr 9  Gr 10  Gr 11  Gr 12

## Student Information

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

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

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

Email: \_\_\_\_\_

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

Applicant lives with:  Both Parents  Father  Mother  Other (Name?)

## 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) \_\_\_\_\_



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## Schooling

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

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

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

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

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

Math teacher's full name & email address - Recommendation Required

\_\_\_\_\_

English teacher's full name & email address - Recommendation Required

\_\_\_\_\_

List other schools attended in the last 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?





**CHECKLIST TO COMPLETE APPLICATION:**

- A nonrefundable application fee of USD\$160.00 is due to complete the application process. Enrollment Fee - Payment of USD\$1500 must be paid at the time of official admissions offer and enrollment.
- Please send 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:

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Signature of Parent or Guardian:

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Date: \_\_\_\_/ \_\_\_\_/ 2022

Questions? Please contact Ms. Marks at [FIA@FairfieldAcademyJA.com](mailto:FIA@FairfieldAcademyJA.com)