



# TELEOS CHRISTIAN SCHOOLS

“Excellence in Education for Now & Eternity”

Dolphin Drive  
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Nassau, Bahamas  
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## APPLICATION FOR ENROLLMENT

### PERSONAL INFORMATION

Student’s Name: \_\_\_\_\_  
First Middle Last

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female   
Day Month Year

Home Address: \_\_\_\_\_  
House # Street Address

Home Phone #: \_\_\_\_\_ P. O. Box # \_\_\_\_\_ Nationality: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Was withdrawal from previous school due to suspension or expulsion?  Yes  No  
If yes, give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have a history of physical or emotional conditions or learning disabilities that have required professional attention or which might require special attention at Teleos?  
 Yes  No If yes, give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church Membership (if any): \_\_\_\_\_

Does the student have a social media account such as Facebook, Instagram, Twitter etc.?  
 Yes  No. If yes, please specify: \_\_\_\_\_



### SIBLING INFORMATION

Siblings Attending Teleos Christian Schools:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION**

Marital Status of Parents:  Married  Divorced  Widowed  Separated  Single

With whom does the student live?  Mother  Father  Both  Other \_\_\_\_\_

Who is responsible for school fees? \_\_\_\_\_

**Father/Guardian**

Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

If different from student

Home Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

**Mother/Guardian**

Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

If different from student

Home Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

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**EMERGENCY CONTACT (other than parents)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**MEDICAL INFORMATION**

Are immunization records up to date?  Yes  No

Does student have any health problems?  Yes  No

If yes, please give details \_\_\_\_\_

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**SUBMISSION OF DOCUMENTS**

The following documents are required for enrollment:

- 1. A copy of student's birth certificate or passport.
- 2. A copy of student's immunization records.
- 3. A signed parent agreement form

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICIAL USE ONLY**

**Date of Diagnostic Test:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Date of Enrollment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year Day Month Year

**Book Level:** \_\_\_\_\_ **# of Gaps:** \_\_\_\_\_

**Check if on file:**

- Birth certificate or passport  Immunization records  Parent Agreement Form

\_\_\_\_\_  
**Office Staff Signature**