



# Lucaya International School

Chesapeake Drive  
P.O. Box F-44066, Freeport, Grand Bahama Island, Bahamas  
Phone: 242-373-4004 Fax: 242-373-6510  
US Phone: (954) 284-6495  
Email: lis@lisbahamas.org



## STUDENT APPLICATION AND REGISTRATION FORM

*Print clearly or type form. Please complete entire form (front & back), sign and date.*

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Male \_\_\_ Female \_\_\_ Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Day/ Month /Year)

Nationalities\*: \_\_\_\_\_ Passport No.: \_\_\_\_\_

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

Other Languages: \_\_\_\_\_ Entering LIS year group: \_\_\_\_\_

### **\* 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 (without right to work) \_\_\_ Permanent Resident (right to work in own business)  
 \_\_\_ Permanent Resident (with right to work) \_\_\_ 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 at a cost of \$50 each from the Department of Immigration. Upon registration, please supply us with a copy of your child's Permit to Reside, all Passports and National Insurance Card.

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: \_\_\_\_\_ Pager: \_\_\_\_\_

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: \_\_\_\_\_ Pager: \_\_\_\_\_

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): \_\_\_\_\_

Student Lives with: \_\_\_\_\_  
(Last Name) (First Name) (Relationship: mother and father, mother, father, mother and step-father, etc.)

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:

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**Academic History of Student**

Please account for every year that your child has been in school:

Name of School/location	Type of School (Pre-school, Primary, Secondary)	Dates Attended From m/y To m/y	Ages	Years or Grades	Language of Instruction

Has your child ever received any special academic, social or emotional support (eg. speech, language, psychological)?

No \_\_\_\_ Yes \_\_\_\_ If Yes, please elaborate: \_\_\_\_\_

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Has your child ever been asked to leave a school? No \_\_\_\_ Yes \_\_\_\_ If Yes, please elaborate: \_\_\_\_\_

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Is this the first time that your child has lived outside of his/her home country? No \_\_\_\_ Yes \_\_\_\_

Is there any area in which you think your child may need extra support?

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

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**School Directory:**

LIS prepares an annual Student Directory which lists the student’s name and year group, the student’s parents name, home telephone number and parent email address, in order to facilitate communication within the LIS community. LIS does not provide this list to anyone that is not a parent or teacher within the LIS community, and the Directory is not intended to be used for commercial purposes. Would you please initial your selection whether you agree to be included to the school’s directory?

\_\_\_ Yes, include our information in LIS’ telephone directory. \_\_\_ NO, do not include our information.

**Student Photos and Videos**

Occasionally students at LIS may be photographed for either a local newspaper article or the school’s newsletter. In addition, students’ images may be displayed on the school’s website and/or school brochures to promote LIS. At times, videotapes of special events and ceremonies may be made which may also be displayed on local television and the school’s website. We would like for all students to be able to participate in these activities and are seeking your permission for such use.

Please initial at your choice below:

\_\_\_ Yes, I hereby give the unqualified right to Lucaya International School Ltd. to take pictures and/or film of my child to put to legitimate use without limitation or reservation.

\_\_\_ No, I do not give Lucaya International School Ltd. permission to take pictures and/or film of my child.

**Application Checklist:**

- Completed Application Forms (Registration, Health, Contact, Consent/Release, Code/Uniform & Technology AUP)
- Passports/Birth Certificate and other applicable immigration paperwork
- Official School Records (last 3 years)
- Complete L.I.S. Placement/Entrance Examination
- Pay \$250 Non-refundable Registration Fee

**IMPORTANT NOTE:**

A non-refundable registration fee of \$250 must accompany this application. In registering my child at the Lucaya International School, I agree to conform to the rules and procedures of the school as established by the Board of Governors.

THE SCHOOL CARRIES ACCIDENT INSURANCE UP TO \$5,000.00 PER STUDENT TO COVER MEDICAL EXPENSES INCURRED BY A STUDENT FROM AN ACCIDENT ON SCHOOL PREMISES OR ON SCHOOL SUPERVISED TRIPS OFF SCHOOL PREMISES. THE SCHOOL DOES NOT ACCEPT RESPONSIBILITY FOR ANY LOSS OR EXPENSE NOT COVERED BY SUCH INSURANCE.

*I attest that all information on this application is truthfully submitted.*

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

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

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

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

***Office Use Only:***

Admitted Year Level: \_\_\_\_\_ Date Admitted: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Student No: \_\_\_\_\_