



# FIA Application for Admission

## Indicate the School Year for Admission

2021-2022

2022-2023

2023-2024

**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) \_\_\_\_\_



## 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\$150.00 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: \_\_\_\_/\_\_\_\_/202\_\_

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