



FIA Application for Admission

Indicate the School Year for Admission

☐ 2023-2024

☐ 2024-2025

☐ 2025-2026

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 Full Name: _____

Sex: ☐ Male ☐ Female **Date of Birth:** ____ / ____ / ____ (d/m/y)

Home Address: _____

Email: _____

Cell Phone: _____

Applicant lives with: ☐ Both Parents ☐ Father ☐ Mother

☐ Other (Please indicate name of Guardian if Other) _____



Family Information

Father's Name: _____

Home Address: _____

Work Place: _____

Email: _____

Telephone: Home: _____ Mobile: _____

Work: _____

Mother's Name: _____

Home Address: _____

Work Place: _____

Email: _____

Telephone: Home: _____ Mobile: _____

Work: _____

Siblings:

Name(s)	Date of Birth	School



Medical Information

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

Asthma	<input type="checkbox"/>	Nut allergy	<input type="checkbox"/>
Respiratory ailments	<input type="checkbox"/>	Lactose intolerance	<input type="checkbox"/>
Chest problems	<input type="checkbox"/>	Diabetes Sickle Cell	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	Skin complaints	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Gastric problems	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Sting allergy	<input type="checkbox"/>	Allergies	<input type="checkbox"/>

'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 tick ALL THAT APPLY (If so, please bring a copy of your child's evaluation).

<input type="checkbox"/> Visual or Hearing Treatment	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> 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

1. Please comment on an aspect of your child that you consider unique or special.
2. What expectations do you have for your child at Fairfield International Academy?
3. Does your family speak a language other than English at home? Specify if yes.
4. How did you hear about Fairfield International Academy?

Please use the blank page that follows to provide the general information required.





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

- ☐ 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, Chequing Account # 5503359377 (US).

Please mail accounts@fairfieldacademyja.com if you have paid via bank deposit and provide a copy of the proof of payment.

Name of Parent or Guardian:

Signature of Parent or Guardian:

Date: ____/____/____

Questions? Please contact Ms. Mitchell via phone at 1-876-318-4395 or via email at FIA@FairfieldAcademyJA.com