



Place Passport  
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## Fairfield International Academy (FIA) Prep, Application for Admission

**Applicant's Full Name:** \_\_\_\_\_

Please indicate the school year requested for admission

☐ 2023-2024    ☐ 2024-2025    ☐ 2025-2026    ☐ Other \_\_\_\_\_

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Applying to

☐ Junior Kindergarten (age 4) \*

☐ Grades 3-4 (ages 8 & 9)

☐ Senior Kindergarten (age 5)

☐ Grades 5-6 (ages 10 & 11)

☐ Grades 1-2 (ages 6 & 7)

*\* must be four before September 1 and potty trained*

Sex ☐ Male ☐ Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant lives with: ☐ Both Parents ☐ Father ☐ Mother Other (relation?) \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_

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

Work Place: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

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

Work Place: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_



### Siblings

Name(s)	Date of Birth	School

**Medical Information:** Please indicate the child's medical conditions by checking what applies:

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

Other health issues not listed: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Office Number: (876) \_\_\_\_\_ Doctor's Cell Number: (876) \_\_\_\_\_

Has your child ever been a recipient of a special services program? Please check all that apply (If indicated, please provide a copy of your child's most recent evaluation).      Visual or Hearing

Treatment      Physical Therapy      Speech Therapy      Behavior Therapy

Other (please describe) \_\_\_\_\_

\_\_\_\_\_



**Prior Schooling (if applicable) Present School**

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

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

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

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

Teacher's Name and Email Address - Recommendation Required \_\_\_\_\_

\_\_\_\_\_

List all schools attended in the past three years, if any:

\_\_\_\_\_

\_\_\_\_\_

**General Parent and Family Information**

Please comment on an aspect of your child that you consider unique or special.

What expectations do you have for your child at FIA Prep?

Does your family speak a language other than English at home? If yes, please specify.

In the case your child does not get admitted in the year selected above, would you like to be placed on a

Waiting List for the following year? ☐ Yes ☐ No

How did you hear about FIA Prep?



### CHECKLIST TO COMPLETE THE APPLICATION:

- ☐ A non-refundable application fee of JM\$ 11,000 is due to complete the application process.  
Enrollment Fee - Payment of JM\$112,000 must be paid at the time of official acceptance.

- ☐ Please email all completed application forms to:  
[FairfieldPrep@FairfieldAcademyJA.com](mailto:FairfieldPrep@FairfieldAcademyJA.com)

- ☐ Please ensure that your child's teacher, if applicable, email the completed letter to:  
[FairfieldPrep@FairfieldAcademyJA.com](mailto:FairfieldPrep@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:** Sagicor (Fairview Branch, Montego Bay) **Account Name:** Fairfield International Academy **Account Number:** 55040 74 357 **SWIFT:** SAJAJMKN

Please mail [Accounts@FairfieldAcademyJA.com](mailto:Accounts@FairfieldAcademyJA.com) if you have paid via bank deposit.

Name of Parent or Guardian:

Signature of Parent or Guardian:

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

*Thank you! We will be in touch. If there are questions, please contact **Miss Reid at 876.465.6249***