F. E. Stevens Academy



Andros, Bahamas

P.O. Box FC-23377

Dr. Dorinda E. Dean,

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Founder/President

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c/o Queen’s Highway, Calabash Bay, Central Andros, Bahamas

**REGISTRATION FORM: ALL AGE SCHOOL**

Personal Details of Learner

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Settlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any physical ailments? [ ]  Yes [ ]  No

If your child runs a temperature at school, is it ok for the school to administer Tylenol or other. [ ]  Yes [ ]  No

Does your child have any learning disability/ies? [ ]  Yes [ ]  No

If yes, state the nature of his/her ailment/learning disability/ies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EMERGENCY CONTACT**

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

Person to contact Relationship Number(s)

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

Person to contact Relationship Number(s)

**STUDENT EQUIPMENT REQUIREMENTS**

**PRIMARY SCHOOL STUDENT**

Two (2) Black and White Note-Books, Glue Sticks, No. 2 Pencils, Crayons, Pencil Sharpener, Construction paper.

**JUNIOR SCHOOL STUDENT**

P.E. Gear, Seven (7) Black & White Note-Books, Loose folder sheet (or folder sheet booklet), Folders (with binders), Paper Glue, Pens (Black or Blue ink), Pencils, Erasers, Sharpener, Dictionary, Calculator.

**SENIOR SCHOOL STUDENT**

P.E. Gear, Seven (10) Black & White Note-Books, Pens, (Black or Blue ink), Pencils, Dictionary, Geometry Set, Loose folder sheet (or folder sheet booklet), Folders (with binders), Whiteout, Ruler, Graph Paper, Scientific Calculator

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**PICK UP AUTORIZATION LIST**

(Please the name(s) of those Authorized to pick up your child.)

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

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

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

**REGULATIONS**

1. School door opens at 8:00 am and closes at 4:00 pm. After 4:10 pm your child will be placed in after-school care which lasts until 5:00 pm. An additional five ($5.00) dollars will be charged.
2. School fees are due (Weekly) every Thursday/Friday. A late fee of $5.00 per day will be charge thereafter. School fees and late fees must be paid in full before your child can return to school.
3. If your child is out sick, please inform the teacher that they (the child) will not be coming to school.
4. If your child has a colored cold or any contagious virus that can be passed on, please allow that child to stay at home until it is cleared up (e.g. Flue, stomach virus, ringworm, chicken pox, etc.).
5. Homework is given at the end of the week which is expected to be done by the child with the assistance of the parents. It must be signed and return in when it is due.
6. School uniforms must be worn daily with the exception of Fridays which is considered “Fun Friday.”
7. School shirts are available at the office. Please visit the office to obtain your child’s.
8. Registration fee is $40.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

School Administration

Revised June 2020