



SCHOOL OF THE NATIONS

STUDENT
REGISTRATION
FORM
2021 – 2022

Dear Parent/Guardian,

Welcome to School of the Nations!

Please complete the Registration Form and submit it with the following documents and the tuition fees for the school term.

Please submit the following with the completed Registration Form:

1. Copy of Birth Certificate
2. Copy of immunization records
3. Copy of past school records/reports.
4. **Two** passport sized photographs for **Nursery** Department
Three passport sized photographs for **Primary** and **Secondary** Departments.
5. Copy of Bio data pages of mother's and father's passport pages.

FOR OFFICE USE Received	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

DECLARATION

By signing this form, I hereby agree to pay all school fees as outlined below. I understand that neglecting to do so will result in all records, including results of both local and international examinations, of my child being withheld and that my child may be asked to remain at home until fees are paid and that necessary legal action will be taken.

FEES

	Nursery / Playschool	Primary	Secondary Forms 1 - 2	Secondary Forms 3 - 5
Yearly Fee Guyanese	G\$220,500*	G\$312,000*	G\$352,500*	G\$366,000*
*May be paid in 3 term payments of	G\$ 73,500	G\$ 104,000	G\$117,500	G\$122,000
OR Yearly Fee Expatriates	US\$2,200*	US\$3,200*	US\$3,600*	US\$3,700*
*May be paid in 3 term payments of	US\$ 735	US\$1,070	US\$1,200	US\$1,235

Day Care fees are G\$24,500 (or US\$300 Expatriates) per month

PTA FEES G\$500 per year

A one-time REGISTRATION FEE is payable on enrolment of G\$9000 (US\$110 Expatriates) per child or G\$16,000 (US\$200) per family.

SCHOLARSHIP FEES Parents, especially those whose fees are paid by their employers, may wish to select the Scholarship Fee rate which is 50% higher than those quoted above thereby facilitating the attendance of a deserving scholarship student at Nations.

Family rates are available for parents with three or more children attending the school.

The full fees for the term must be paid to confirm enrolment. Fees must be paid in advance - two weeks before the end of the previous term. Late penalty fees apply.

Parent's / Guardian's Name : _____

Parent's / Guardian's Signature: _____

Date: _____

OFFICE USE

Admission date: _____ Tuition paid: _____

Student Registration Number : _____ Class assignment: _____

MEDICAL EMERGENCY PERMISSION FORM

In the event that my child is involved in an accident or requires emergency medical attention while on the School of the Nations compound, or while participating in an event sponsored by School of the Nations, I understand that my child will be immediately transported to St. Joseph Mercy Hospital by personnel of School of the Nations.

I understand that the school will make every effort to contact one of the parents or the emergency contact person listed in the Health Record Form, and that the school personnel will remain at the above medical facility with my child until a parent or the emergency contact person arrives.

FIELD TRIPS

Field trips are an important part of the curriculum at School of the Nations. These trips away from the school compound allow the students to experience learning in a real life setting and to receive valuable information about the unit being studied.

By signing this form you are indicating your permission for your child to attend field trips during each school year as they are planned. You will be informed ahead of time about each trip for Nursery and Primary students and all trips out of Georgetown for Secondary students; but unless otherwise stated it will be assumed that your child has permission to accompany his/her class on field trips with the signing of this form.

My child has permission to attend field trips planned and organized by School of the Nations during each school year.

YES

NO

SCHOOL OF THE NATIONS STUDENT REGISTRATION FORM

Student's name: _____

Address: _____

Date of Birth: ___(D)___(M)___(Y) Place of Birth: _____

Nationality: _____ M _____ F _____

Last class attended: _____

Father's name: _____

Work Address: _____

Telephone: Work _____ Home _____

Cell _____

e-mail _____

Country of Father's Passport _____

Mother's name: _____

Work Address: _____

Telephone: Work _____ Home _____

Cell _____

e-mail _____

Country of Mother's Passport _____

Does the mother or father work for a / an:

Diplomatic Mission Yes No

Multinational / International Corporation Yes No

International NGO (UN, IICA, OAS, IDB etc) Yes No

Guardian's name: _____

Work Address: _____

Telephone: Work _____ Home _____

Cell _____

e-mail _____

SCHOOLS ATTENDED (List most recent first)

Name of School	Class Level	Years attended
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CORRESPONDENCE

During the year the Administrators and teachers correspond with parents regarding Parent Teacher Meetings, upcoming events, news and student progress, amongst others. Kindly indicate the email address(es) to which you would like notices, information and the newsletter to be sent.

HEALTH RECORD

Name of Family Physician: _____

Address: _____ Phone: _____

Name of person to contact in an emergency (if unable to contact parents):

_____ Phone: _____

Should my child complain of headache or develop a fever whilst at school, approval is given to administer a non-aspirin pain reliever (e.g. Tylenol /

Panadol). YES NO

MEDICAL HISTORY

Allergies: Yes _____ No _____

Any special medical concerns?

Yes _____ No _____

(If yes, describe) _____

Is your child on any special medication?

Yes _____ No _____

(If yes, describe) _____
