



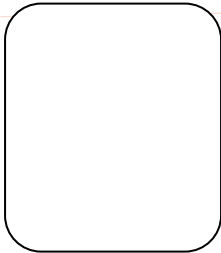
# ACADEMY FOR SCIENCE AND TECHNOLOGY

"INSPIRING TOMORROW'S INNOVATORS"

## SCIE-TECH



TEL: 570850 || 063 3676769 || EMAIL:ADMIN@SCIETECH.ACADEMY || WEBSITE:WWW.SCIETECH.ACADEMY



**Office Use Only: Admission Date:            Day:            Month:            Year:**

### CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ year (s) \_\_\_\_\_ months

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

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

What was the name of the School the child last attended: \_\_\_\_\_

What grade was the child in the last School: \_\_\_\_\_

Language (s) Spoken at Home: \_\_\_\_\_

### FAMILY INFORMATION

Mother/Guardian

Name: \_\_\_\_\_

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

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

Father/Guardian

Name: \_\_\_\_\_

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

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

### CURRENT MEDICAL INFORMATION

My child has allergies: No \_\_\_\_\_ Not Known \_\_\_\_\_ Yes \_\_\_\_\_ if yes, please list allergens: \_\_\_\_\_

**Please comment on:**

Condition(s) that your child has that require(s) medical attention – such as diabetes, epilepsy, asthma, etc.

\_\_\_\_\_

Physical activity restrictions \_\_\_\_\_

Any conditions that may require a teacher to take action for the benefit of your child's health \_\_\_\_\_

### EMERGENCY CONTACT

**Contact Person #1** (in the event of an emergency):



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Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Contact Person #2

Name: \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### **Please check your choices:**

5 Half Days (A.M.)	( ) Scie-Tech Time	7:30AM – 12:30AM
5 Half Days (A.M. – PM)	( ) Scie-Tech Time	7:30AM – 3:30PM
Thursday Tuition: This will be extra fees:	( ) Scie-Tech Time	8:00AM – 12:30AM

### **REGISTRATION POLICIES**

#### **To register your child the school requires:**

1. A completed Application for Admission
2. Two Passport Size Pictures.
3. Admission fee of \$30 (if you enrolled before First of August, 2018. Admission fee is free.)
4. Any progress reports or educational assessments that are available

### **PAYMENT POLICIES**

All School fees are due at the 1<sup>st</sup> of each month and parents are advised to make full payment by at least the 3rd of each month.

**Full / Semi Prepaid Tuition Fees - A 10% discount is offered if the tuition fees are prepaid in full for the school year or 5% if paid in full for half of the school year.**

**Family Discounts** - Family discounts apply to monthly fees only for the second and subsequent children enrolled. The discount is applied to the monthly fee of the youngest child. (Second child – 10%, third child – 20%, fourth and subsequent children – 20%). These discounts are for siblings or adopted children who live in the same house as with the family.

#### **Thursday School Program Payment:**

**Thursday Program:** 8:00AM – 12:30AM \$25/month: Bus not included

**As parent(s)/guardian(s), we would like to enroll our child at the Academy for Sciences and Technology (Scie-Tech) in the program indicated on this application.**

\_\_\_\_\_  
Name of Parent/Guardian (print)

\_\_\_\_\_  
Signature