



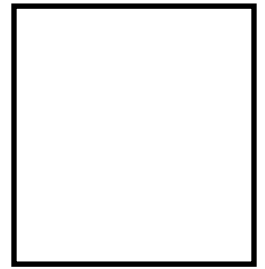
**St Peters Academy Application Form**

*Belmont*

*St. John's, Antigua*

*Telephone: 1-268-461-4478*

*Email Address: [spetersacademy@gmail.com](mailto:spetersacademy@gmail.com)*



Academic Session: Sept / January / April 20\_\_\_\_\_

Class applied for: \_\_\_\_\_

Full Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Sex: M  F  Age: \_\_\_\_\_ Religion: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Telephone # \_\_\_\_\_ (Home) Telephone # \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Work) \_\_\_\_\_ (Work)

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Other: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone # \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Place of Employment: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Emergency Contact Person:

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Name of Doctor: \_\_\_\_\_ Telephone # \_\_\_\_\_

Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any other challenges: \_\_\_\_\_

Payment Plans:

Full (Prior to the beginning of the new school term. All receipts should be in on the first day of school)

Half (Prior to the beginning of the new school term. All receipts should be in on the first day of school. The second half should be paid by the second week post to the start of the new term. All receipts should be in by the third week of school.)

**\*\*ALL fees are payable at the Antigua Commercial Bank, Thames Street. Acct # 0311531050**

Placement test score: \_\_\_\_\_ House Assigned: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_