



OFFICE OF ADMISSION
 7280 Frenchman's Bay
 St. Thomas, VI 00802
 340-776-1600
 FAX: 340-776-1019

Application for Admission

Please Include:

1. A recent photo of your child
2. \$75.00 non-refundable application fee
3. A certified copy of your child's birth certificate

Date of Application: _____

Student Information

Name: _____ Usually Called: _____

Gender: _____ Date of Birth: _____ Age: _____ Last Grade Completed: _____ Current Grade: _____

US Citizen: Yes No Form I-20 Required? Yes No

Race/Ethnicity (optional): _____ Primary Language Spoken: _____

Previously applied to Antilles School? Yes No If yes, when? _____

Current School: _____ Dates Attended: _____

Current School Address: _____

When would you like your child to begin school at Antilles?

2020-2021 School Year

2021-2022 School Year

Parent/Guardian 1

Name: _____

Relationship to applicant: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Occupation: _____

Office Phone: _____

Email Address: _____

Parent/Guardian 2

Name: _____

Relationship to applicant: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Occupation: _____

Office Phone: _____

Email Address: _____

Please choose **ONE** primary contact for this student:

Parent/Guardian 1

Parent/Guardian 2

Who has legal custody of this child?

Sole Custody with _____
Name/Relationship

Joint Custody between _____
Name/Relationship _____
Name/Relationship

Parents are

Married

Unmarried

Separated

Divorced

Widowed

Other: _____

Applicant lives with

Both Parents

Parent/Guardian 1

Parent/Guardian 2

Other: _____

Who should receive report cards/school
 correspondence?

Both Parents

Parent/Guardian 1

Parent/Guardian 2

Please continue on back

Please note the person(s) financially responsible for payment of financial obligations to Antilles School

Note: If this contact differs from the parent(s)/guardian(s) above, please indicate address and contact information.

Please designate **ONE** primary billing contact:

Please list all other children living at home with the applicant.

Name	Age	Date of Birth	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any relatives who have attended Antilles.

Name	Relationship to Child
_____	_____
_____	_____
_____	_____

Additional Information

- Has your child skipped a grade? Yes No *If yes, which grade(s) skipped:* _____
- Repeated a grade Yes No *If yes, which grade(s) repeated:* _____
- Been placed in a gifted program? Yes No

4. Has your child ever been suspended or expelled from any school for any reason? **(If yes, please describe below).** Yes No
Describe:

5. Has your child experienced other serious discipline? (Mandatory apology, etc.) **(If yes, please describe below).** Yes No
Describe:

6. Are there any special academic or physical accommodations your child is currently receiving, and which your family may request for your child as a student of Antilles? **(If yes, please describe below).** Yes No
Describe:

I/We attest that all of the information on this application is true and complete to the best of my/our knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Non-Discrimination Policy

It is the policy of Antilles School to admit students and to offer all the rights, privileges, programs and activities generally accorded or made available without regard to gender, race, religion, creed, ancestry or national origin. The school does not discriminate on the basis of gender, race, color, religion, sexual orientation, creed, ancestry, or national or ethnic origin in any school administered programs to include admission, financial aid and athletics.