



# POST MILLENNIAL ACADEMY

**Our Hope, Our Passion & Our Future**

*Herbert Estate, St John's, Antigua and Barbuda*

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## Students' Admission Application Form

(P.M.A)  
Please Attach  
1 x Passport  
Photo Here

Please complete this application carefully.

If you have any difficulties in doing so, please do not hesitate to contact us.

Post Millennial Academy admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, religion, nationality or political persuasion.

P.M.A has a published admission policy that is made available to all applicants as part of the admission process. The policy gives the admission criteria, as well as a description of the entire admission process. (Please see our website for the full admission policy)

This application form must be completed and submitted to the MAH Consultants office (Suite #24, Jasmine Court, Friars Hill Road, St. John's, Antigua). Our admission policy outlined in our school's website, sets out the criteria. Please visit our website for detailed information for 2019 Admission.

We sincerely thank the community for joining us, we are grateful that you have chosen to entrust your child's education into our care.

### PLEASE ATTACH TO THIS FORM THE FOLLOWING WHEN MAKING SUBMISSION

- Attach 1 colored passport photo to application form
- Copy of Child's Birth Certificate
- EC\$200 Non-Refundable Processing fee
- Copy of Child's Data Page of International Passport
- Copy of Child's Health Card / Immunization Record Booklet
- Progress Report Booklet from Previous School

Please complete all sections of this form on both sides

## STUDENT'S SECTION

**Applicant Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Home Address:** Street and Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport / ID Num: \_\_\_\_\_ Age on Last Birth Day: \_\_\_\_\_ Religion: \_\_\_\_\_

Previous School: \_\_\_\_\_ Admission Sought to Class / Session: \_\_\_\_\_

## PARENT/GUARDIAN SECTION

**Parent Name (Father):** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Parent Name (Mother):** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Guardian (If Applicable) 1:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Guardian (If Applicable) 2:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Home Address:** Street and Number: \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Email Address (P): \_\_\_\_\_ Email Address (G): \_\_\_\_\_

Occupation: \_\_\_\_\_ Guardian's Relationship to Child: \_\_\_\_\_

## MEDICAL INFORMATION SECTION

Does your child suffer from any of the following? Asthma: Yes  No  Allergies: Yes  No

If the answer is yes, please give clear details i.e. Peanuts, Milk etc. \_\_\_\_\_

Is ongoing treatment required? Yes  No

If yes, please provide details \_\_\_\_\_

Has your child ever been referred to a school counselor? Yes  No

If yes, please give details \_\_\_\_\_

Does your child have any special dietary needs? Yes  No

## EXTRACURRICULAR ACTIVITIES SECTION

Please list the extracurricular activities that you would like your child to be involved in:

- |   |                                     |                                       |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Painting and Drawing | <input type="checkbox"/> Basketball | <input type="checkbox"/> Sculpture    |
| <input type="checkbox"/> Lawn Tennis          | <input type="checkbox"/> Cricket    | <input type="checkbox"/> Music        |
| <input type="checkbox"/> Football             | <input type="checkbox"/> Dance      | <input type="checkbox"/> Architecture |

## PARENTAL DECLARATION SECTION

I/we \_\_\_\_\_ certify that I/we am/are the person/s with parental responsibility for the applicant child and that the information given is true to the best of my/our knowledge and belief.

I/we also understand that any false or deliberately misleading information given on my/our application and/or supporting paperwork, or any relevant information withheld may render this application invalid and could lead to the withdrawal of an offer of the school's admission.

I/we will provide additional information or documentary evidence in connection with this application if requested.

I/we understand that Post Millennial Academy will thoroughly check all details I/we have provided. If it is discovered that a place has been offered on the basis of a fraudulent or intentionally misleading application or supporting documents that offer may be withdrawn.

If you have any questions regarding these Terms and Conditions and the Parental Declaration, please contact Post Millennial Academy Admission [info@postmillennialacademy.com](mailto:info@postmillennialacademy.com).

I/we agree

## SIGNATURE SECTION

The statements and information furnished by the undersigned in this application form are true and complete.

The undersigned applicant's parent(s)/guardian(s) give permission for representatives of the sending school to release the applicant's records including, grades, attendance, conduct/discipline records, as well as any other pertinent information that may be required by Post millennial Academy for the purpose of admission.

*Our signatures certify that we have read and agree with the above statements.*

**Signature of Student (If Applicable)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_