

# ROSS University Preparatory School

PO. Box 266 Roseau, Commonwealth of Dominica, West Indies (767) 255-6434, 255-6363



## School Registration Form

### STUDENT'S INFORMATION

First Name	Last Name	D.O.B mm/dd/yyyy	Age
Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Citizenship		Last School Attended	
Siblings students lives with			
Language spoken at home			

### PARENT'S INFORMATION

Mr/Mrs/Ms/Miss/Dr		Mr/Mrs/Ms/Miss/Dr	
First Name	Last Name	First Name	Last Name
DOMINICA ADDRESS		Cell Phone #/Land Line #	
PERMANENT ADDRESS		Cell Phone #/ Land Line#	
E-mail (newsletters & other communications are often sent electronically)		Semester the parent is enrolled	

### MEDICAL INFORMATION

Does the student have any existing medical or physical condition that we should be aware of?  Yes  No

If yes , please provide a brief explanation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there allergies we need to be aware of? If so, please specify \_\_\_\_\_

\_\_\_\_\_

*It is your responsibility to provide any existing medical information and any new medical information to the staff.*

EMERGENCY CONTACT INFORMATION

_____	_____	_____
Emergency Contact Name	Phone #	Relationship to child
_____	_____	_____
Emergency Contact Name	Phone #	Relationship to child

DECLARATION

**I declare the information I have provided on this form is complete and accurate.**

\_\_\_\_\_  
*Signature of parent* \_\_\_\_\_  
*Date*

SEMESTER FEE SUMMARY

**ROSS Student Applicant** US\$ 400.00 / EC\$ 1,068.00 (per semester)  
**ROSS Faculty Applicant** US\$ 450.00 / EC\$ 1,201.50 (per semester)  
**Non-ROSS Applicant** US\$ 2,000.00 / EC\$ 5,340.00 (per semester)

*Payment is due at time of registration. \$ 50 USD late penalty applies after the first of the month. US cheques have a \$10 US processing fee.*

FINANCIAL OBLIGATION

I agree to pay the fee of \_\_\_\_\_  
\_\_\_\_\_ as stated in  
the Semester Fee Summary above.

\_\_\_\_\_  
*Signature of parent* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Dayschool Representative* \_\_\_\_\_  
*Date*

**School History**

Current Grade \_\_\_\_\_ Previous Schools \_\_\_\_\_

Achievement Levels

Language Arts-Reading \_\_\_\_\_ Writing \_\_\_\_\_ Mathematics \_\_\_\_\_

Subject/ Area of Strengths \_\_\_\_\_

Subject/Area of Weakness \_\_\_\_\_

Assessments

Educational \_\_\_\_\_ Psychological \_\_\_\_\_

Speech \_\_\_\_\_ Special Education Yes \_\_\_\_\_ NO \_\_\_\_\_

Special Abilities/Talents

Other Languages/Activities/Clubs

Report Cards Yes \_\_\_\_\_ NO \_\_\_\_\_

Area of Concern/Information for Transition \_\_\_\_\_