

P.A.C.E. PROGRAMME
P. O. Box N-3913
Nassau, The Bahamas

REGISTRATION FORM

Name: _____ Student Cell No: _____

Age: _____ Date of Birth: _____

Place of Birth: _____

Nationality: _____ National Insurance: _____

Address: _____

House No./ Colour: _____ P. O. Box: _____

Schools Attended/Grades: Primary: _____ Jr. High: _____

Sr. High _____

Any Known Illness: _____

Are you currently on any medication for your illness? (Yes/No) If Yes list medication(s) presently using: _____

Mother's Name: _____

Mother's Workplace/Tel. No.: _____

Mother's Home Tel. No: _____

Father's Name: _____

Father's Workplace/Tel. No.: _____

Father's Home Tel. No.: _____

Guardian's Name: _____

Guardian's Workplace/Tel. No.: _____

Guardian's Home Tel. No.: _____