### Application for Admission To:

# **Antilles Military Academy**



## Accredited by CADIE

787-761-1710

# INTERNAL USE DATE APPLICATION: GRADE APPLIED FOR: ACADEMIC YEAR: S.S. NUMBER:

Name of student:			Sex: M F
DOB:/Place of I	Birth:	Age	Citizenship
Medical condition: yes no e	explain:	treat	ment:
Allergic to: example: medicin	ne, food, other	_treatment:	
Authorized to provide acetamino	phen: yes	no	
Home Address		Postal Address	
	<del></del>		
Zip Code			Zip Code
Last grade attended: Scho	ool:		
Private Public U.S Other	School Postal Addres	s:	
			Zip code
Leaving person:	relatic		
	relatio	on:	phone: ()
Father or Guardian:		Single	Married Divorced Widower
E-mail:@_	Phone: (_	)	Other: ()
Work:	Position:		Phone: ()
Mother or Guardian:		Single	Married Divorced Widower
E-mail:@_	Phone: (_	)	Other: ()
Work:	Position:		Phone: ()

### **COST AND OTHER INFORMATION**

	DECICED ATION FEE		FFF		
	REGISTRATION FEE  If student not admitted, fee is not refundable	MAINTENANCE FUND	<u>FEE</u>		
PRESCHOOL	\$300.00	\$300.00	\$325.00		
FIRST TO TWELFTH	\$375.00	\$300.00	\$325.00		
Every student is enrolled for the whole school year, no refund will be made on earlier dismissals.					
ANNUAL COST (TUITION)  Preschool - \$3,350.00   1st - 2nd - \$3,550.00   3rd - 6th - \$3,850.00   7th - 12th - \$3,950.00					
PLAN OF PAYMENT					
PLAN A – In full with \$100.00 discount on tuition. PLAN B – 50% of total tuition when contract is signed and 50% to do in Dec. $1^{st.}$ (\$100.00 discount on tuition.) PLAN C – Ten (10) monthly payments due on the first day of each month starting on August $1^{st}$ .					
*PAYMENT ARE MADE DIRECTLY AT THE SCHOOL WITH: <u>CASH, ATM,</u> OR <u>DIRECT DEBIT</u>					
UNIFORMS – Available in the A.M.A. Supply Store					
Name of Parent Signature of p		arent			
Date					