



THE DOW ACADEMY BOARDING APPLICATION

STUDENT INFORMATION

Student's Surname: _____

Student's Given Names: _____

Student's Class Level: _____

Student's Religious Denomination: _____

Student's Home Language(s): _____

Date of Birth: Day _____ Month _____ Year _____ Gender: _____

Boarding Begin Date (Year): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Surname: _____

Parent/Guardian #1 Given Name(s): _____

Parent/Guardian #1 Relationship to Student: _____

Parent/Guardian #1 Telephone: _____

Parent/Guardian #1 Email Address: _____

Parent/Guardian #2 Full Name: _____

Parent/Guardian #2 Relationship to Student: _____

Parent/Guardian #2 Telephone: _____

Postal Address: _____

Home Address: _____

I, _____, agree to the following:

1. All Boarding and Term fees must be paid per their respective due dates.
2. All rules and guidelines will be followed and adhered to at all times.
3. Boarding will only be granted for a minimum of an academic year.
4. One (1) term's notice to cancel Boarding Services must be submitted in writing to the Primary Administrative Office.

Signature of Parent/Guardian

Date