



Bahamas Consulate General  
2970 Clairmont Road  
Suite 290  
Atlanta, GA 30329  
Phone: (404) 214-0492  
Email: [documents@bahconga.com](mailto:documents@bahconga.com)

## BAHAMIAN STUDENT REGISTRATION FORM

Full Name (please print) \_\_\_\_\_

Circle One: Dr. Mr. Mrs. Ms. Miss Maiden Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

US Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Bahamian Passport Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Resident of The United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School \_\_\_\_\_

Emergency Contact in The Bahamas or USA \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_