



Bahamas Consulate General
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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 _____