

The British Academy of Port of Spain

APPLICATION FOR REGISTRATION

PLEASE TYPE OR PRINT

Student's Name: _____
(LAST) (MIDDLE) (FIRST)

Desired entry School Year & Form: _____ Current Form: _____

Current School: _____

Place and Date of Birth: _____
(PLACE) (DATE) Day Month Year

Age: _____ Sex (Tick) **M** **F**
Years Months

Nationality: _____

Current Address: _____

Home Telephone Number: _____ E-mail: _____

Has your child had a psycho-educational evaluation? Yes _____ No _____

If yes, please indicate date and by whom _____

FAMILY INFORMATION

Father's Full Name: _____ Nationality: _____

Employer: _____

Address: _____

Office Telephone No: _____ Cellular No: _____

Mother's Full Name: _____ Nationality: _____

Employer: _____

Address: _____

Office Telephone No: _____ Cellular No: _____

Applicant Lives With: Both Parents: _____ Father Only: _____ Mother Only: _____

Other (please give details): _____

List of Subjects for Lower Sixth classes:

Signature of parent or guardian:

Date:

(PLEASE PRINT NAME OF SIGNATORY)