

THE BRITISH ACADEMY  
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: \_\_\_\_\_

**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:**

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**Signature of parent or guardian:**

**Date:**

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(PLEASE PRINT NAME OF SIGNATORY)