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APPLICATION FOR REGISTRATION - FORM 6

PLEASE TYPE OR PRINT

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

Desired Entry School Year: _____ Desired Entry Form: _____ Current Form: _____

Current School: _____

Place of Birth: _____ Date of Birth: Age: _____
(COUNTRY) (DD) (MM) (YY)

Nationality: _____ Gender: Home Tel Number: _____
(Male) (Female)

Current Address: _____

Has your child had a psycho-educational evaluation?
(YES) (NO)

If yes, please indicate by whom _____

FAMILY INFORMATION

Father's Name: _____ Nationality: _____
(FIRST) (LAST)

Employer: _____

Address: _____

Office Tel Number: _____ Cellular Number: _____

Father's Email: _____

Mother's Name: _____ Nationality: _____
(FIRST) (LAST)

Employer: _____

Address: _____

Office Tel Number: _____ Cellular Number: _____

Mother's Email: _____

Applicant lives with? Both Parents Father Only Mother Only

Other, please specify _____

Grades Attained at IGCSE/CXC Level

Subject	Grade	Subject	Grade

Subject Offered for Lower 6: Compulsory Subject - AS English Language

Subjects Offered for Upper 6: Compulsory Subject - AS Global Perspectives

Please choose ONE (1) subject from each Line below:

Line 1	Mathematics	Chemistry	Spanish		
Line 2	Physics	Geography	Literature		
Line 3	Computer Science	Biology	Business Studies	French	

Line 1 _____
 Line 2 _____
 Line 3 _____

Name of Parent _____
 (PLEASE PRINT NAME)

Signature of Parent _____ Date Completed

(DD)	(MM)	(YY)

OFFICIAL USE ONLY

Registration Fees: \$ 200.00 Assessment Fees: _____ Date Paid

(DD)	(MM)	(YY)

Assessment Date

(DD)	(MM)	(YY)

Please state if student was accepted

(YES)	(NO)

If yes, state if the following documents are completed:-

If no, kindly indicate reason:-

Acceptance Letter (s)

(YES)	(NO)

Invoices

(YES)	(NO)

Subject Choice (if applicable)

(YES)	(NO)

Payment Plan (if applicable)

(YES)	(NO)

Completed By: _____
 (PLEASE PRINT NAME)

Date Completed

(DD)	(MM)	(YY)