

23 Alexandra Street St Clair Port of Spain Trinidad WI

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APPLICATION FOR REGISTRATION - FORM 6

PLEASE TYPE OR PRINT

Student's Name:					
	(FIRST)	(MID	DDLE)		(LAST)
Desired Entry School	Year: Desire	ed Entry Form:		Current Form	:
Current School:					
Place of Birth:		Date of Birth:			Age:
37 10.	(COUNTRY)		(DD)	(MM) (YY)	
Nationality:		Gender: (Ma	ale) (Femal	Home Tel Nur	nber:
Current Address:					
Has your child had a J	psycho-educational evaluation?				
If yes, please indicate	by whom	(YES) (NO)			
FAMILY INFORMA	ΓΙΟΝ				
Father's Name:				Nationality:	
Employer:	(FIRST)	(LAS	ST)		
Address:					
Office Tel Number:		Cellular Numb	er:		
Father's Email:					
Mother's Name:				Nationality:	
Employer:	(FIRST)	(LAS	ST)		
Address:					
Office Tel Number:		Cellular Numb	er:		
Mother's Email:					
Applicant lives with?	Both Parents	Father Only	Mothe	r Only	
Other, please specify					

Grades Attained at IGCSE/CXC Level

Subject	Grade	Subject	Grade

In addition, stude	ents select 3 subjects	s, ONE (1) subject fr	rom each Line below:	:			_
Line 1	Mathematics	Biology	Spanish				
Line 2	Physics	French	Business Studies				
Line 3	Computer Science	Chemistry	Geography				
Line 1							
Line 2							
Line 3				<u> </u>			
Name of Parent							
		(P	PLEASE PRINT NAME)				
Signature of Parent			Γ	Date Completed			
					(DD)	(MM)	(YY)
		OFFICIAI	L USE ONLY				
Registration Fees:	\$ 200.00	Assessment Fees:		Date Paid			<u> </u>
registration rees.	\$ 200.00	Assessment Pees.		Date Faid	(DD)	(MM)	(YY
Assessment Date							
	(DD)	(MM) (YY)					
Please state if stude	ent was accepted	(YES) (NO)					
f yes, state if the fo	ollowing documents		If no, kin	dly indicate reason	:-		
•							
		210)					
	(YES)	(NO)					
cceptance Letter (s)	(YES)	(NO)					
cceptance Letter (s)	(YES)	(NO)					
cceptance Letter (s)	(YES)						
acceptance Letter (s)	(YES)						
Acceptance Letter (s) Invoices Subject Choice (if apple	(YES)	(NO)					

Completed By:

(PLEASE PRINT NAME)

Date Completed

(DD) (MM) (YY)