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## **APPLICATION FOR REGISTRATION - FORM 6**

## PLEASE TYPE OR PRINT

Student's Name:						
(FIRST)	(MIDDLE)	(LAST)				
Desired Entry School Year: De	nool Year: Desired Entry Form: Current Form:					
Current School:						
Place of Birth:	Date of Birth:	Age:				
(COUNTRY)	(DD	(MM) (YY)				
Nationality:	Gender:	Home Tel Number:				
Current Address:	(Male)	(Female)				
Has your child had a psycho-educational evaluation	on? (YES) (NO)					
FAMILY INFORMATION						
Father's Name:	(I ACT)	Nationality:				
Employer:	(LAST)					
Address:						
Office Tel Number:	Cellular Number:					
Father's Email:						
Mother's Name:  (FIRST)	(LAST)	Nationality:				
Employer:	(LAST)					
Address:						
Office Tel Number:	Cellular Number:					
Mother's Email:						
Applicant lives with? Both Parents	Father Only N	Mother Only				
Other, please specify						

## Grades Attained at IGCSE/CSEC Level

Subject	Grade	Subject	Grade

Subjects Offered S				ubjects Cho			
Mather	natics		Spanish	1.			
Biolo	ogy		History	2. 3.			
Business	Studies		Chemistry				
Physics		Computer Science	French	4.			
Name of Parent							
		(PI	LEASE PRINT NAME)	ate Completed		_	
		(PI	,	ate Completed	(DD)	(MM)	(YY)
Signature of Parent _		·	,	ate Completed	(DD)	(MM)	(YY)
Signature of Parent _		·	Da	ate Completed	(DD)	(MM)	(YY)
Signature of Parent  ally for new students.	\$ 200.00	·	Da	ate Completed  Date Paid	(DD)	(MM)	(YY)
Signature of Parent Only for new students.	\$ 200.00	OFFICIAL	Da		(DD)	(MM)	

			OFFICIAL US	E ONLY				
Only for new students.								
Registration Fees:	\$ 200.00	Assessn	nent Fees:		Date Paid			
(Only for new students)					_	(DD)	(MM)	(YY)
Assessment Date	(DD)	(MM)	(YY)					
Please state if student	was accepted							
If yes, state if the follo	owing docume	nts are com	, , ,	If no, k	indly indicate reason	:-		
Acceptance Letter (s)								
	(YES)	(NO)	J					
Invoices								
	(YES)	(NO)	•					
Subject Choice (if applical	ble)							
	(YES)	(NO)	1					
Payment Plan (if applical	ble)							

	(1ES) (NO)				
Completed By:		Date Completed			
	(PLEASE PRINT NAME)	-	(DD)	(MM)	(YY)