

**APPLICATION FOR REGISTRATION – FORM 4/5****PLEASE TYPE OR PRINT**Student's Name: \_\_\_\_\_  
FIRST MIDDLE SURNAME

Desired Entry School Year: \_\_\_\_\_ Desired Entry Form: \_\_\_\_\_ Current Form: \_\_\_\_\_

Current School: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
COUNTRY DD / MM / YYYYNationality: \_\_\_\_\_ Gender: MALE  FEMALE  Home Number: \_\_\_\_\_Current Address: \_\_\_\_\_  
\_\_\_\_\_Has your child had a psycho-educational evaluation? YES  NO 

If yes, please indicate by whom \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

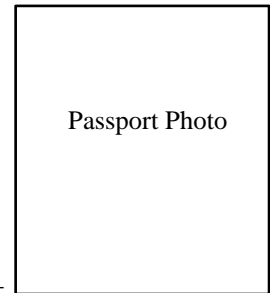
Work Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant lives with? Please tick ✓ **Both Parents**  **Father Only**  **Mother Only** 

Other, please specify \_\_\_\_\_



How did you hear about The British Academy? \_\_\_\_\_

Reason for wanting your child to attend The British Academy? \_\_\_\_\_

Has your child ever been expelled or suspended from another institution? If yes, please state the reason and when:

**SUBJECTS OFFERED FOR FORM 4/5**

**FULL TIME STUDENT – Choose 3- 5 subjects** (Mathematics, English Language and English Literature are *compulsory*)

Please **INDICATE** your choices below (*1 subject per line* from the grid below)

<b>Line 1</b>	Spanish	ICT	French	
<b>Line 2</b>	Physics	Accounts		
<b>Line 3</b>	Chemistry	History		
<b>Line 4</b>	Business	Add Maths		
<b>Line 5</b>	Biology	Art and Design	Geography	

Parent Name : \_\_\_\_\_  
PLEASE PRINT NAME

Parent Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
DD / MM / YYYY

**OFFICIAL USE ONLY**

Registration Fee: \$200 Date Paid: \_\_\_\_\_  
DD / MM / YYYY

Assesment Fee: \$600 / \$1000 Date Paid: \_\_\_\_\_ Assessment Date: \_\_\_\_\_  
DD / MM / YYYY DD / MM / YYYY

Please state if the student was accepted: YES  NO

If **yes**, state if the following documents were completed:

Application Letter YES  NO

Capital Fund YES  NO

Invoices YES  NO

Payment Plan (if applicable) YES  NO

Subject Choice (if applicable) YES  NO

If **no**, kindly indicate the reason: \_\_\_\_\_

Completed by: \_\_\_\_\_  
PLEASE PRINT NAME

Date Completed: \_\_\_\_\_  
DD / MM / YYYY