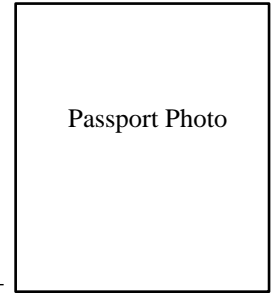


APPLICATION FOR REGISTRATION – FORM 6

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 / YYYY

Nationality: _____ 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 _____

Grades attained at IGCSE / CSEC Level

Subject	Grade	Subject	Grade

SUBJECTS OFFERED FOR FORM 6

FULL TIME STUDENT – Choose 3 to 4 subjects

Please **INDICATE** your choices below:

Subjects Offered		Subjects Chosen
1.	Physics / Computer Science	
2.	Biology / Business	
3.	Geography / French	
4.	Chemistry / Literature / Mathematics	

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