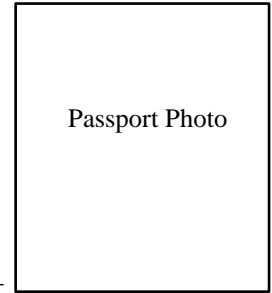


**APPLICATION FOR REGISTRATION – FORM 6**

**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: \_\_\_\_\_

Does your child have any learning challenges? YES  NO

If yes, please provide a copy of the respective professional reports.

**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 / Information Technology	
2.	Biology / Business	
3.	Geography / French / Chemistry	
4.	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

Invoices      YES  NO

Subject Choice (if applicable)      YES  NO

Capital Fund      YES  NO

Payment Plan (if applicable)      YES  NO

Professional Learning Challenge Report (if applicable)      YES  NO

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

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

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