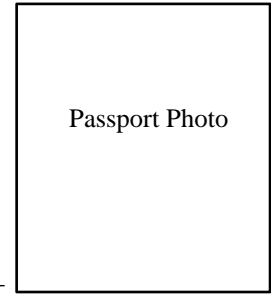


**APPLICATION FOR REGISTRATION**

**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 \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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**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

Professional Learning Challenge Report (if applicable) YES  NO

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

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

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