

2025-2026 APPLICATION FOR REGISTRATION – FORM 4**PLEASE TYPE OR PRINT**Student's Name: _____
FIRST MIDDLE SURNAME

Desired Entry School Year: _____ Desired Entry Form: _____ Current Form: _____

Current School: _____ School Contact: _____

Place of Birth: _____ Date of Birth: _____ Age: _____
COUNTRY DD / MM / YYYYNationality: _____ 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 _____

Passport Photo

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

FULL TIME STUDENT – Choose 4-5 subjects (Mathematics, English Language, English Literature are *compulsory*)

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

Line 1	Business Studies			
Line 2	History	Chemistry	Geography	
Line 3	Spanish	Physics		
Line 4	Biology			
Line 5	Accounts	ICT	Art & Design	

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 and emailed:

Acceptance Letter	YES ☐	NO ☐	Student Account & Classroom	YES ☐	NO ☐
Invoices	YES ☐	NO ☐	School & PE Uniform	YES ☐	NO ☐
Capital Fund	YES ☐	NO ☐	Professional Learning Challenge Report (if applicable)	YES ☐	NO ☐
School Fees	YES ☐	NO ☐	Subject Choice (if applicable)	YES ☐	NO ☐
Student File Documents	YES ☐	NO ☐	Payment Plan (if applicable)	YES ☐	NO ☐
General Stationery	YES ☐	NO ☐			

If **no**, kindly indicate the reason: _____

Completed by: _____ **Date Completed:** _____
PLEASE PRINT NAME DD / MM / YYYY