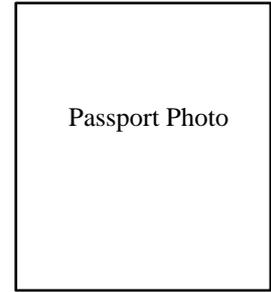


**2025-2026 APPLICATION FOR REGISTRATION – FORM 5**

**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 / 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:

**SUBJECTS OFFERED FOR FORM 5**

**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)

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

**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:

<b>Acceptance Letter</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Student Account &amp; Classroom</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Invoices</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>School &amp; PE Uniform</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Capital Fund</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Professional Learning Challenge Report (if applicable)</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>School Fees</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Subject Choice (if applicable)</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Student File Documents</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Payment Plan (if applicable)</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>General Stationery</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

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

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