

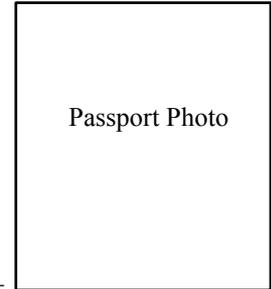
2025-2026 APPLICATION FOR REGISTRATION – FORM 6**PLEASE TYPE OR PRINT**Student's Name: _____
FIRST MIDDLE SURNAME

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

Current School: _____ 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 _____

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.	Business Studies / Geography / Mathematics	
2.	Biology	
3.	Physics / Literature	
4.	Chemistry / History	

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

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

Completed by: _____
PLEASE PRINT NAME

Date Completed: _____
DD / MM / YYYY