

2025-2026 APPLICATION FOR REGISTRATION

PLEASE TYPE OR PRINT

Student's Name: _____
FIRST MIDDLE SURNAME

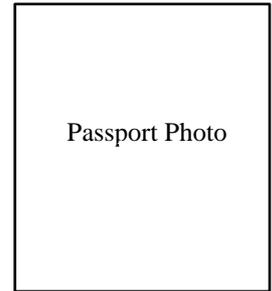
Desired Entry School Year: _____ Desired Entry Form: _____ Current Form: _____

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:

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: _____

DD / MM / YYYY

Assessment Date: _____

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: _____

PLEASE PRINT NAME

Date Completed: _____

DD / MM / YYYY