The British Academy

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2026-2027 APPLICATION FOR REGISTRATION – FORM 4

Passport Photo

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 4

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

Please INDICATE your choices below (*select 4 subjects* from the grid below)

Line 1	Physics	Music		Music
Line 2	Geography	ICT		ICT
Line 3	Biology			Biology
Line 4	Business			Business
Line 5	Chemistry			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:

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