The British Academy

23 Alexandra Street, St Clair
Port of Spain, Trinidad WI

[t] 868 622 4285 [c] 868 360 5048
admin@britishacademy.edu.tt
britishacademy.edu.tt

2026-2027 APPLICATION FOR REGISTRATION – FORM 5

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 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)

Line 1	Business Studies			Business
Line 2	History	Chemistry	Geography	Chemistry
Line 3	Spanish	Physics		Physics
Line 4	Biology			Biology
Line 5	Accounts			Accounts

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 ☐

Invoices YES ☐ NO ☐

Capital Fund YES ☐ NO ☐

School Fees YES ☐ NO ☐

Student File Documents YES ☐ NO ☐

General Stationery YES ☐ NO ☐

Student Account & Classroom YES ☐ NO ☐

School & PE Uniform YES ☐ NO ☐

Professional Learning Challenge Report (if applicable) YES ☐ NO ☐

Subject Choice (if applicable) YES ☐ NO ☐

Payment Plan (if applicable) YES ☐ NO ☐

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

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