

2026-2027 APPLICATION FOR REGISTRATION – FORM 6**PLEASE TYPE OR PRINT**

Passport Photo

Student's Name: _____
FIRST MIDDLE SURNAME

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

Current School: _____

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** (tick) your choices below:

Subjects Chosen	
Biology	Literature
Business	Mathematics
Chemistry	Physics
French	Spanish
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
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