The British Academy

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STUDENT FOR A DAY – REGISTRATION FORM

PLEASE TYPE OR PRINT

Student's Name: _____ _____ _____
FIRST MIDDLE SURNAME

Current Class Level: _____ Current School: _____

Date of Birth: _____ Age: _____ Gender: MALE ☐ FEMALE ☐
DD / MM / YYYY

Home Number: _____ Current Address: _____

FAMILY INFORMATION

Father's Name: _____ Mobile#: _____

Email Address: _____

Mother's Name: _____ Mobile#: _____

Email Address: _____