The British Academy

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2026-2027 APPLICATION FOR REGISTRATION – FORM 6

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 _____

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 your choices below:

	Subjects Offered	Subjects Chosen
1.	Business Studies / Mathematics	Mathematics
2.	Biology	Biology
3.	Physics / Literature	Literature
4.	Chemistry / History	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 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