## PLEASE COMPLETE IN BLOCK CAPITALS

## INSTITUTE OF ACADEMIC EXCELLENCE RESPECTIFUL RELIABILE RESPONSIBLE RESILIENT

## REGISTRATION FORM DAY SCHOOL GRADE 7-8

Registration #



## PLEASE COMPLETE IN BLOCK CAPITALS

In order for us to serve you better, please complete each section accurately so that the correct information will be placed on your records

1. PERSONAL DETAILS OF STUDENT:					
NAME Surname	First Name	Middle Name			
GENDER: (Please tick appropriate box) MALE FEMALE DD MM  NATIONALITY:	TELEPHONE NO. (Home) (592) -				
HOME or MAILING ADDRESS:		TELEPHONE NO. (Cellular - Other) (592) -			
LAST INSTITUTION ATTENDED	YEARS ATTENDED	LAST GRADE COMPLETED			
	From: To				
2.COMMON SCORES ACHIEVED: Grade 7 students ONL		·1			
		Social Studies			
3. PERSONAL DETAILS OF PARENT/GUARDIAN ( $1^{\text{ST}}$ )	4. PERSONAL DETA	ILS OF PARENT/GUARDIAN (2 <sup>ND</sup> )			
Mr. Mrs. Miss (Please tick appropriate box)	Mr. Mrs.	Miss (Please tick appropriate box)			
FULL NAME:	FULL NAME:				
Surname First, Middle	Surname	First, Middle			
HOME/ MAILING ADDRESS:  HOME/ MAILING ADDRESS:					
EMAIL ADDRESS:	EMAIL ADDRESS:				
OCCUPATION:	OCCUPATION:				
CONTACT NOS.: (Work)         (Cell)           -         -	CONTACT NOS.: (Work)	(Cell) -			
RELATIONSHIP TO STUDENT:  Mother Father Other specify	RELATIONSHIP TO STUI Mother Father	DENT: Other specify			
5. EMERGENCY CONTACT:					
NAME:         Mrs.         Miss		(592)			
<b>6. MEDICAL RECORD:</b> Any chronic illness e.g. Asthma, Diabetes, etc; Confidential health info	rmation may be discussed with the P	Principal or Guidance Counselor.			
TELINESSES. (III dily)					

			2					
7. SUBJECTSS:								
Mathematics		Social Studies		Religious Education				
Spanish		Integrated Science		Physical Education				
EDPM		Information Technology		History				
English A		Visual Arts						
O FINANCINC: (	KND Dogio	wation Foo and Cab	aal faa na	id are NON DEFUN	DARLE)			
8. FINANCING: (*NB – Registration Fee and School fee paid are NON-REFUNDABLE)								
Amount being paid with this application Cash Cheque Debit Card Credit Card								
TERMS OF PAYMENT: Please select payment option: Full Payment Payment Plan								
PAYMENT PLAN:								
The preferred way is that all fees are paid in full at registration.								
OR								
<ul> <li>50% at registration and the balance may be paid in three (3) equal monthly</li> </ul>								
installments.								
I have read and hereby agree to the above terms of payment: Parent's/Sponsor's Signature								
9. DOCUMENTS/IT  1. Registration Cl			etters of Re	commendations	7. SSEE Slip (co	nv)		
2. One (1) passpo			nization Car		8. ID of School	· · · · <b>=</b>		
3. Birth Certificat	e (Copy)	6. Medic	al Report (co	ompleted Form)				
10 OTHER								
10. OTHER:								
HOW DID YOU HEAR ABOUT IAE ? Friend or relative Television Newspapers Instagram								
School Website WhatsApp Other								
COMPLETION OF THIS			refund condi	tions as outlined by the	school Any falsificatio	n of data will disqualify		
I agree with the school rules, payment policies and refund conditions as outlined by the school. Any falsification of data will disqualify me from entry. I also agree to give one term's written notice for the refunding of fees before withdrawing myself/ any child/ward from								
the school.								
Parent's/Guardian's Signature:								
13. FOR OFFICE USE ONLY								
Date	Invoice			Amount Paid (\$)	Receipt #	Balance Due (\$)		
			.17	(+)	F* "	(4)		
	June 2020 ©IA			ects/programmes that ar rn2020@gmail.com	re not viable. Kindly email	l		

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