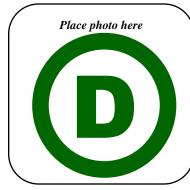
PLEASE COMPLETE IN BLOCK CAPITALS

INSTITUTE OF ACADEMIC EXCELLENCE RESPECTIVE, RELIABLE 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 DD MM	TH: AGE: (5 9 2)	HONE NO. (Home)	
NATIONALITY:	TELEPI (5 9 2	HONE NO. (Cellular- Digicel)	
HOME or MAILING ADDRESS:	TELEDI	HONE NO. (Cellular - Other)	
	(592		
LAST INSTITUTION ATTENDED	YEARS ATTENDED	LAST GRADE COMPLETED	
	From: To		
2.C O MIMO NSCORES ACHIEVED: Grade 7 students C	NI V		
OtherEnglish	Mathematics Science	Social Studies	
3. PERSONAL DETAILS OF PARENT/GUARDIAN (1	4. PERSONAL DETAILS OF	PARENT/GUARDIAN (2 ND)	
Mr. Mrs. Miss (Please tick appropriate b	ox) 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 sp	RELATIONSHIP TO STUDENT: Mother Father Oth	er specify	
5. EMERGENCY CONTACT:			
NAME: Mrs. Miss		CONTACT NO. (Cell) 592)	
6. MEDICAL RECORD:			
Any chronic illness e.g. Asthma, Diabetes, etc; Confidential health ILLNESSES: (if any)	information may be discussed with the Principal o	r Guidance Counselor.	
NAME OF DOCTOR:	TEL # (!	5 Q D	
		5 7 -	