

5. CSEC SUBJECT CHOICES: Evening (Please tick to select subject choices)

- | | | |
|--|--|---|
| 1. CSEC Biology <input type="checkbox"/> | 4. CSEC EDPM <input type="checkbox"/> | 7. CSEC Principles of Accounts <input type="checkbox"/> |
| 2. CSEC Chemistry <input type="checkbox"/> | 5. CSEC Mathematics <input type="checkbox"/> | 8. CSEC Principles of Business <input type="checkbox"/> |
| 3. CSEC English A <input type="checkbox"/> | 6. CSEC Physics <input type="checkbox"/> | |

7. SPECIAL CONSIDERATION (If additional time will be required)

WILL YOU REQUIRE SPECIAL CONSIDERATION FOR CAPE/ CSEC EXAMINATIONS? YES NO

8. FINANCING: (*NB – Registration Fee is 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**
- 50% at registration and the balance maybe paid in three (3) equal monthly installments.

I have read and hereby agree to the above terms of payment: Parent's/ Sponsor's Signature Date:.....20.....

9. DOCUMENTS/ITEMS REQUIRED: (Highlighted items MUST accompany completed Registration Form)

- | | | |
|---|---|--|
| I. Two (2) passport-size picture <input type="checkbox"/> | III. ID of School Fee Sponsor <input type="checkbox"/> | V. Previous Candidate No. <input type="checkbox"/> |
| II. Birth Certificate <input type="checkbox"/> | IV. CSEC/CAPE/GCE Certificates <input type="checkbox"/> | VI. Previous SBA scores <input type="checkbox"/> |
| | | VII. Two (2) Recommendation <input type="checkbox"/> |

10. OTHER

HOW DID YOU HEAR ABOUT QUALITY ACADEMICS? Friend or relative Television News. Classified Instagram
 School Website WhatsApp Other _____

COMPLETION OF THIS FORM INDICATES THAT:

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.

Student's Signature: Date:..... 20.....

Parent's/ Guardian's Signature: Date:..... 20.....

11. FOR OFFICE USE ONLY

Date	Invoice #	Total (J\$)	Amount Paid (J\$)	Receipt #	Balance Due (J\$)