

REGISTRATION FORM

First name: Attach Address(home):	1 Surname						
Address(home): Passport Date of Birth: Sex: Tel. No: Cell: Email: Tel. No: Organisation Name: Tel. No: Address(work/school): Do you have any permanent health problems? (e.g asthma, epilepsy, partial deafness, blurred vision, migraines, sinus). If so, PLEASE GIVE DETAILS.	First nan	ne:			Atto	ch	
Date of Birth: Sex: Here Tel. No: Cell: Here Email: Tel. No: Here Organisation Name: Tel. No: Here Address(work/school): Tel. No: Here Do you have any permanent health problems? (e.g asthma, epilepsy, partial deafness, blurred vision, migraines, sinus). If so, PLEASE GIVE DETAILS. Here Image: Mame of Parent/Guardian/Sponsor: Address of Parent/Guardian/Sponsor: Here Email Address: Image: Image: Image: Image: Tel. No: Image: Image: Image: Image: First name: Image: Image: Image: Image: EDUCATION HISTORY CXC 'O' & 'A' Levels, Cape subjects passed/attempted to date-: Image: Image: Image: From To Image: Image: Image: Image: Image: From To Image: Image: Image: Image: Image: To Image: Image: Image: Image: Image: To Image: Image: Image: Image: Image:	Address(Address(home):			Passp	- Passport - Photo	
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Image: Name of Parent/Guardian/Sponsor:		rision, migraine	es, sinus). If so, PLEASE	GIVE DETAILS.			
Email Address:			-				
Tel No. (home): (work): (cell): In case of emergency contact: Surname: Tel. No: Surname: Tel. No: home: First name: work: cell: Address: cell: cell: EDUCATION HISTORY CXC 'O' & 'A' Levels, Cape subjects passed/attempted to date-: From To Institution			-				
In case of emergency contact: Surname: Tel. No: First name: work: Address: cell: EDUCATION HISTORY CXC 'O' & 'A' Levels, Cape subjects passed/attempted to date-: From To Institution Exams attempted Gravitation	Email A	ddress:					
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Sect 4	Duration of Course:	Course times:
	Sept-May\June	Morning:
	Sept-Jan	Afternoon:
	Feb-Jan	Evening:
_	Vacation	Saturday:

Sect 5 SUBJECTS OFFERED: Please indicate by placing a tick in the box aside.

C.XC./C.S.E.C O' LEVEL	
1. Additional Mathematics	
2. Chemistry	
3. Economics	
4. English-A	
5. Geography	
6. Human and Social Biology	
7. Information Technology	
8. Integrated Science	
9. Mathematics	
10. Office Administration	
11. Physics	
12. Principles of Accounts	
13. Principles of Business	
14. Social Studies	
15. Spanish	

C.A.P.E A' LEVEL	P.E A' LEVEL UNIT		UNIT	
1. Accounting	1	11.150	2	
2. Economics	1		2	
3. Entrepreneurship	1	1.15	2	
4. Law	1	ar	2	
5. Management of Business	1	1)8	2	
6. Sociology	1		2	
7. Tourism	dist	U 1	0.5	
8. Caribbean Studies			(⁴ - 1	11
9. Communication Studies			is.	all

OTHER

Conversational Spanish	milar
Scholastic Aptitude Test	

S	ect	6

DESCRIPTION	No. of Subjects	COST \$	PAYMENT PLAN
C.X.C./C.S.E.C:			1. Pay all fees on Registration
Cape A'Level:			
Other:			-2. 1/2 down payment of total cost with balance paid monthly and due before exam period.
Tuition Fee:			pard montiny and due before exam period.
Registration Fee:			3. Pay 1/3 down payment of the total cost with
TOTAL:			balance paid monthly and due before exam
AMOUNT PAID:			period.
Cash:	\$		Der Franzein Mary/Lung Fall annenstaf
Cheque: \$			Re: Exams in May/June - Full payment of tuition fees are due in March before exams.
Linx/Visa:	\$		- tultion lees ale due in March before exams.
Bank Deposit:	\$		Re: Exams in January - Full payment of tuition
BALANCE:	\$		fees are due in October before exams.

Sect 7

 Where did you hear about us?

Facebook

Instagram

Webs

Website

Ads

Signature of Parent/Guardian/Sponsor

Other _____

Student Signature

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and the second second second second second		
	(Authorised Signature)	
	On behalf of ELDERS' CLASSES	