



mapleleaf-school.com

Alyce Heights Drive, Alyce Glen, Petit Valley, Trinidad, W.I.
Tel: 868 632 9578 Fax: 868 633 3068 mlis@mapleleaf-school.com

REGISTRATION FORM

OFFICE USE					
Year of Entry	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y
Y	Y	Y	Y		
Grade	<table border="1"><tr><td></td><td></td></tr></table>				
Sibling	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N		
Y	N				
Foreign/Local Fees	<table border="1"><tr><td>F</td><td>L</td></tr></table>	F	L		
F	L				

STUDENT INFORMATION

Surname		Initial	First Name										
Gender	<table border="1"><tr><td>M</td><td>F</td></tr></table>	M	F	Date of Birth	<table border="1"><tr><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	M	M	D	D	Country of Birth	Citizenship
M	F												
Y	Y	M	M	D	D								
Home Address		City	Telephone										
Sibling(s) at MLIS?		<input type="checkbox"/> N/A	<input type="checkbox"/> Previously attended MLIS	<input type="checkbox"/> Currently attend MLIS	Name(s) of sibling(s)								

PARENT/GUARDIAN INFORMATION

Mother/Guardian (PRINT FULL NAME)		Cell Phone
Email Address	Home Address	
Place of Employment		
Employment Address	Telephone	Fax
Father/Guardian (PRINT FULL NAME)		Cell Phone
Email Address	Home Address	
Place of Employment		
Employment Address	Telephone	Fax
Preferred Contact for all School Correspondence: <input type="checkbox"/> Mother/Guardian <input type="checkbox"/> Father/Guardian		

SCHOOL HISTORY

Present/Previous School Name	Telephone	Fax		
Address	Principal			
MONTH / YEAR				
Last Term Completed	Current Grade/Class/Form			
If this student has had any of the following assessments done the reports must be provided to the school.				
Psycho-educational	<input type="checkbox"/> Y <input type="checkbox"/> N	Language <input type="checkbox"/> Y <input type="checkbox"/> N	Occupational Therapist <input type="checkbox"/> Y <input type="checkbox"/> N	Behavioural <input type="checkbox"/> Y <input type="checkbox"/> N
Other (Specify)	_____			

ATTACHMENTS

<input type="checkbox"/>	Complete transcripts or achievement reports for all terms/semesters from the last 3 years of schooling
<input type="checkbox"/>	Copy of birth certificate or passport
<input type="checkbox"/>	Copy of up-to-date immunization card
<input type="checkbox"/>	2 passport size photographs

FEES

Fees are payable by cheque or bank draft to: Maple Leaf International School Association Ltd. Direct deposit is available, for details please contact the office.

<input type="checkbox"/>	Registration – does not guarantee admission (non-refundable)
<input type="checkbox"/>	Assessment – does not guarantee admission (non-refundable)
<input type="checkbox"/>	Capital Fund – due upon acceptance (non-refundable)
<input type="checkbox"/>	Term/Semester Tuition-due upon acceptance

My child hereby applies for admission to Maple Leaf International School and I certify that all the information above is complete and accurate.

Name of Parent/Guardian (PRINT FULL NAME)	Signature	Date (mm/dd/yy)
Name of Parent/Guardian (PRINT FULL NAME)	Signature	Date (mm/dd/yy)