



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>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Country of Birth			Citizenship		
M	F																
D	D	M	M	Y	Y												
Home Address			City			Telephone											
Sibling(s) at Maple Leaf?			N/A <input type="checkbox"/>	Previously enrolled <input type="checkbox"/>	Currently enrolled <input type="checkbox"/>	Name(s) of sibling(s)											

PARENT/GUARDIAN INFORMATION

Mother/Legal Guardian (PRINT FULL NAME)			Cell Phone		
Email Address			Home Address		
Place of Employment					
Employment Address		Telephone		Fax	
Father/Legal Guardian (PRINT FULL NAME)			Cell Phone		
Email Address			Home Address		
Place of Employment					
Employment Address		Telephone		Fax	
Preferred contact for all school correspondence including Invoices: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Father <input type="checkbox"/> Legal Guardian					

SCHOOL HISTORY

Present/Previous School Name	Telephone	Fax
Address	Principal	
MONTH / YEAR		
Last Term Completed	Current Grade/Class/Form	
Has this student had any of the following assessments done?		
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) _____		
<p>It is mandatory that <u>ALL</u> documents, reports and information related to the child's education and development are submitted as part of the assessment process. Failure to submit these may negatively impact enrollment.</p>		

I/We certify that all the information provided is complete and accurate.

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

FOR OFFICE USE ONLY

ATTACHMENTS

- Complete transcripts or achievement reports for all terms/semesters from the last 3 years of schooling
- Copy of birth certificate or passport
- Copy of up-to-date immunization card
- 2 passport size photographs
- Other _____

FEES - Non-refundable

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	_____	_____
<input type="checkbox"/> Assessment – does not guarantee admission	_____	_____
<input type="checkbox"/> Capital Fund – due upon acceptance	_____	_____
<input type="checkbox"/> Term/Semester Tuition-due upon acceptance	_____	_____