



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

<b>Mother/Legal Guardian</b> (PRINT FULL NAME)			Cell Phone		
Email Address			Home Address		
Place of Employment					
Employment Address		Telephone		Fax	
<b>Father/Legal Guardian</b> (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) _____							
<b>It is mandatory that ALL documents, reports and information related to the child's education and development are submitted as part of the assessment process. Failure to disclose/submit these may negatively impact enrollment.</b>							

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

<b>ATTACHMENTS</b>		
<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	
<input type="checkbox"/>	Other _____	
<b>FEES - Non-refundable</b>		
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	_____