

# Maple Leaf International School

# REGISTRATION

| ✓   |                |            | OFFICE USE |              |                      |                      |      |
|---|----------------|------------|------------|--------------|----------------------|----------------------|------|
|   |                | Year of Er | ntry Y Y   | ΥY           | - Y Y Y Y            | Sibling              | ΥN   |
| <b>STUDENT INFORMATION</b> PLEASE PRINT CLEARLY   |                | T1 T2      | T3 S1      | S2           | Grade                | Foreign/Local Fees   | FL   |
|   |                |            |            |              |                      |                      |      |
| Surname   | Initial Firs   | t Name     |            |              |                      |                      |      |
| Gender M F Date of Birth D D M M Y Y              | Country of Bir | th         |            |              | Citizenship          |                      |      |
| Home Address                                      |                |            |            |              |                      |                      |      |
| Sibling(s) at Maple Leaf? N/A Previously enrolled | Currently enr  | olled 🗌    | Name(      | s) of siblin | g(s) presently enrol | led/previously atter | nded |

## **PARENT/GUARDIAN INFORMATION**

| Ms. / Mrs. / Dr.                                   |                                  |                 |                |
|--|----------------------------------|-----------------|----------------|
| Mother / Legal Guardian                            |                                  | Home Phone      | Cell Phone     |
| Email Address                                      | Home Address                     |                 |                |
| Place of Employment                                |                                  |                 |                |
| Employment Address                                 |                                  |                 | Work Phone     |
| Mr. / Dr.  |                                  |                 |                |
| Father / Legal Guardian                            |                                  | Home Phone      | Cell Phone     |
| Email Address                                      | Home Address                     |                 |                |
| Place of Employment                                |                                  |                 |                |
| Employment Address                                 |                                  |                 | Work Phone     |
| Preferred contact for all school correspondence in | ncluding invoices: Mother Father | Mother & Father | Legal Guardian |

O Alyce Heights Drive, Alyce Glen, Petit Valley, Trinidad & Tobago, W.I.

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www.mapleleaf-school.com

### **SCHOOL HISTORY**

| Present/Previous School Name   |                                     |                                 | Telepho                  | one                               |
|--|-------------------------------------|---------------------------------|--------------------------|-----------------------------------|
| Address  |                                     |                                 | Principa                 | al                                |
| MONTH / YEAR   |                                     |                                 |                          |                                   |
| Last Term Completed  | Current Grade,                      | /Class/Form                     | Numbe                    | r of years at current school      |
| Has this student had any of the follo  | wing assessments done?              |                                 |                          |                                   |
| Psycho-educational Y N   | Language Y N                        | Occupational Thera              | py Y N                   | Behavioural Y N                   |
| Other (Specify)  |                                     |                                 |                          |                                   |
| It is mandatory that <u>ALL</u> documer<br>the assessment process. Failure t |                                     |                                 |                          | elopment are submitted as part of |
| I/We certify that all the information pr                                     | ovided is complete and accur        | ate.                            |                          |                                   |
| Mother / Legal Guardian (PRINT FULL  | NAME)                               | Signature                       |                          | Date (dd/mm/yy)                   |
| Father / Legal Guardian (PRINT FULL  | NAME)                               | Signature                       |                          | Date (dd/mm/yy)                   |
|  |                                     |                                 |                          |                                   |
| OR OFFICE USE ONLY   |                                     |                                 |                          |                                   |
| ATTACHMENTS  |                                     |                                 |                          |                                   |
| Complete transcripts or achievement  | reports for all terms/semesters fro | om the last 3 years of schoolin | g                        |                                   |
| Copy of birth certificate and passport                                       |                                     |                                 |                          |                                   |
| Copy of up-to-date immunization car  | d including COVID-19 vaccination    | if applicable                   |                          |                                   |
| 2 passport size photographs / digital version                                |                                     |                                 |                          |                                   |
| Other  |                                     |                                 | _                        |                                   |
| FEES - Non-refundable  |                                     |                                 |                          |                                   |
| Fees are payable by cheque or bank draft                                     |                                     | ool Association Ltd. Direct dep | osit is available, for d | etails please contact the office. |
| Registration – does not guarantee ad   |                                     |                                 |                          |                                   |
| Assessment – does not guarantee ac Capital Fund – due upon acceptance        |                                     |                                 |                          |                                   |
|  |                                     |                                 |                          |                                   |

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| Term/Semester | Tuition-due upon acceptance |  |
|---------------|-----------------------------|--|
| Term/Semester | Tuition-due upon acceptance |  |