

## REGISTRATION FORM

### STUDENT INFORMATION

Name: \_\_\_\_\_  
Surname Middle Initial First

Gender  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_  
day / month / year

Place of Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (Student): \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Email address (es) (Student): \_\_\_\_\_

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### A. **PARENT/GUARDIAN INFORMATION** (If parents are separated please note who has custody).

Mother/Guardian (Print Full Name): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

Email address: \_\_\_\_\_

Father/Guardian (Print Full Name): \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

Email address: \_\_\_\_\_

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**B. If this student has had any of the following assessments done the reports must be provided to the school.**

Psycho-educational	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupational Therapist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Language	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Behavioural	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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**C. ATTACHMENTS**

- Complete transcripts or achievement reports for all terms/semesters from the last 3 years of schooling.
- Proof of custody if appropriate
- Passport size photograph
- Copy of birth certificate or passport
- Photocopy of up-to-date immunization card
- Medical form

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*My child/ward hereby applies for admission to International School St. Lucia and I certify that all information above is complete and accurate.*

\_\_\_\_\_  
Students Signature (If over 18 years)

\_\_\_\_\_  
Parent's Signature

**OFFICIAL ONLY**

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling (s): \_\_\_\_\_