



Student Registration Form SEPTEMBER 2018 TERM

ABOUT TOBAGO INTERNATIONAL ACADEMY

Tobago International Academy is a private school providing a caring, happy and secure learning environment where students are supported in their intellectual, physical, moral and cultural needs. The school's mission is to produce intelligent, caring young people with strong values who will grow into productive life-long learners.

Tobago International Academy is committed to small teacher-to-student ratios to promote personalized educational development. The academia follows the established Trinidad & Tobago Ministry of Education primary school curriculum, with additional focus on experiential learning.

School staff encourages strong partnerships students' parents and perpetuates relationships based upon mutual honesty and respect to promote the greater good of the school community.

Registration Form Instructions

- All applications to Tobago International Academy must be made using this form.
- All required supporting documents (see checklist below) and the application fee must accompany the registration form.
- Assessment by a Tobago International Academy teacher will be conducted for placement. Parents should provide the school with full disclosure of any learning challenges, medical conditions, behavioral matters that could require special support for their student.
- A representative from the Steering Committee will contact parents of students registered and admitted.
- Students registering for Infant One must be five years of age by the end of December 2018.

Application Form Checklist:

- Completed and signed registration form
- Passport size picture of your child
- TTD\$300 nonrefundable application fee

**TOBAGO INTERNATIONAL ACADEMY
STUDENT REGISTRATION FORM
SEPTEMBER 2018 TERM**

Please print clearly and complete all sections.

CHILD'S FIRST & MIDDLE NAME

CHILD'S SURNAME:

BIRTHDATE _____

GENDER Male Female

CHILD'S RESIDENTIAL ADDRESS _____

CLASS OF ADMISSION REQUIRED _____

PREVIOUS SCHOOLS ATTENDED _____

MOTHER'S FIRST NAME

MOTHER'S SURNAME

HOME TEL # _____

CELL # _____

EMAIL _____

OCCUPATION _____

EMPLOYER _____

FATHER'S FIRST NAME

FATHER'S SURNAME

HOME TEL # _____

CELL # _____

EMAIL _____

OCCUPATION _____

EMPLOYER _____

EMERGENCY CONTACT NAME

RELATIONSHIP TO STUDENT

HOME TEL # _____

CELL # _____

DOCTOR NAME _____

DOCTOR TEL # _____

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS

SIBLINGS AT TOBAGO INTERNATIONAL ACADEMY AT PRESENT

I warrant the information provided above is correct.

SIGNED _____

PRINTED NAME _____ DATE _____