



Student Registration Form SEPTEMBER 2021 TERM

ABOUT TOBAGO INTERNATIONAL ACADEMY

Tobago International Academy's mission is to produce intelligent, caring young people with strong values who will grow into productive life-long learners. Our academy is committed to small teacher-to-student ratios to promote personalized educational development. The academia follows the established Trinidad and Tobago Ministry of Education primary school curriculum, with additional focus on experimental learning.

Tobago International Academy encourages strong partnerships with students' parents based on 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.
- Student 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, behavioural matters that could require special support for their student.
- A representative from the school will contact parents to schedule the student assessment. Subsequently, the school will contact parents regarding students registered and admitted.
- Students registering for Infant 1 must be five years of age by the end of December 2021.

Application Form Checklist:

- Completed and signed registration form
- Small picture of your child
- TTD\$500 non-refundable application fee

TOBAGO INTERNATIONAL ACADEMY
STUDENT REGISTRATION FORM
SEPTEMBER 2021 TERM

Please print clearly and complete all sections.

CHILD'S FIRST & MIDDLE NAME

CHILD'S SURNAME

DATE OF BIRTH: _____

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 #: _____

ARE YOUR CHILD'S IMMUNIZATIONS UP -TO-DATE? YES NO

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS

SIBLINGS AT TOBAGO INTERNATIONAL ACADEMY AT PRESENT

I warrant the information provided above is correct.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____