REGISTRATION FORM
DAY SCHOOL

Registration #

194 D Camp Street, South Cummingsburg, Guyana
Tel. (592) - 683 - 5742
Website:
www.instituteofacademicexcellence.com
Email: IAE.learn2020@gmail.com

Place photo here

PLEASE COMPLETE IN BLOCK CAPITALS

In order for us to serve you better, please complete each section accurately so that the correct information will be placed on your records

PLEASE COMPLETE IN BLOCK CAPITALS

1. PERSONAL DETAILS OF STUDENT:

NAME _____ _____ _____
Surname *First Name* *Middle Name*

GENDER: *(Please tick appropriate box)*
MALE ☐ FEMALE ☐

DATE OF BIRTH: ____ ____ ____ (*DD MM YY*) **AGE:** _____

NATIONALITY: _____ S R N#: _____

HOME or MAILING ADDRESS: _____

_____

EMAIL ADDRESS: _____

TELEPHONE NO. _____

TELEPHONE NO. *(Cellular-Digicel)*
(592) _____ - _____

TELEPHONE NO. *(Cellular - Other)*
(592) _____ - _____

LAST INSTITUTION ATTENDED	YEARS ATTENDED				LAST GRADE COMPLETED
	From:	_____	To	_____	

2. PERSONAL DETAILS OF PARENT/GUARDIAN (1ST)

Mr. ☐ Mrs. ☐ Miss ☐ *(Please tick appropriate box)*

FULL NAME:

_____ _____
Surname *First, Middle*

HOME/ MAILING ADDRESS:

_____

_____

EMAIL ADDRESS: _____

OCCUPATION: _____

CONTACT NOS.: *(Work)* ___ - ____ *(Cell)* ___ - ____

RELATIONSHIP TO STUDENT:
Mother ☐ Father ☐ Other _____ *specify*

3. PERSONAL DETAILS OF PARENT/GUARDIAN (2ND)

Mr. ☐ Mrs. ☐ Miss ☐ *(Please tick appropriate box)*

FULL NAME:

_____ _____
Surname *First, Middle*

HOME/ MAILING ADDRESS:

_____

_____

EMAIL ADDRESS: _____

OCCUPATION: _____

CONTACT NOS.: *(Work)* ___ - ____ *(Cell)* ___ - ____

RELATIONSHIP TO STUDENT:
Mother ☐ Father ☐ Other _____ *specify*

4. EMERGENCY CONTACT:

NAME:
Mr. ☐ Mrs. ☐ Miss ☐ _____

CONTACT NO. *(Cell)*
(592) ____ - ____

5. MEDICAL RECORD:

Any chronic illness e.g. Asthma, Diabetes, etc; Confidential health information may be discussed with the Principal or Guidance Counselor.

ILLNESSES: (if any) _____

NAME OF DOCTOR: _____ TEL # (592) ____ - ____

6. CAREER CHOICE:

DESIRED FIELD: *(Please tick appropriate box)*
Medicine ☐ Pure & Applied Sciences ☐ Humanities & Education ☐
Law ☐ Social Sciences ☐ Undecided ☐

DESIRED CAREER/PROFESSION:

7. STUDY DETAILS:

GRADE LEVEL: *(Please tick appropriate box)*

Grade 9 (3rd Form) ☐ Grade 10 (4th Form) ☐ Grade 11 (5th Form) ☐ I G S C E ☐

REPEATING?
Yes ☐ No ☐