## PLEASE COMPLETE IN BLOCK CAPITALS



## REGISTRATION FORM DAY SCHOOL

194 D Camp Street, South Cummingsburg, Guyana

**Guyana** Tel. (592) - 683 - 5742 Website:

www.instituteofacademicexcellence.com Email: IAE.learn2020@gmail.com

## 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



Place photo here



1. PERSONAL DETAILS OF STUDENT:	
NAME Surname	First Name Middle Name
GENDER: (Please tick appropriate box) MALE FEMALE  DD MM	TELEPHONE NO. (Cellular-
NATIONALITY: SRN #: HOME or MAILING ADDRESS:	Digicel) (592) -
HOME OF MAILING ADDRESS:	TELEPHONE NO. (Cellular - Other)
EMAIL ADDRESS:	(592) -
LAST INSTITUTION ATTENDED	YEARS ATTENDED LAST GRADE COMPLETED
	From: To
2. PERSONAL DETAILS OF PARENT/GUARDIAN (1ST)	3. PERSONAL DETAILS OF PARENT/GUARDIAN (2ND)
Mr. Mrs. Miss (Please tick appropriate box)	Mr. Mrs. Miss (Please tick appropriate box)
FULL NAME:	FULL NAME:
Surname First, Middle	Surname First, Middle
HOME/ MAILING ADDRESS:	HOME/ MAILING ADDRESS:
EMAIL ADDRESS:	EMAIL ADDRESS:
OCCUPATION:	OCCUPATION:
CONTACT NOS.: (Work)         (Cell)           -         -	CONTACT NOS.: (Work)         (Cell)           -         -
RELATIONSHIP TO STUDENT:  Mother	RELATIONSHIP TO STUDENT:  Mother Father Other specify
4. EMERGENCY CONTACT:	
NAME:         Mrs.         Miss	CONTACT NO. (Cell) (592)
5. MEDICAL RECORD:  Any chronic illness e.g. Asthma, Diabetes, etc; Confidential h	ealth 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)	DESIRED CAREER/PROFESSION:
	& Education
Law Social Sciences	Undecided
7. STUDY DETAILS: GRADE LEVEL: (Please tick appropriate box)	
Grade 9 (3 <sup>rd</sup> Form) Grade 10 (4 <sup>th</sup> Form) Grade 11 (5 <sup>th</sup>	Form) IGSCE REPEATING? Yes No

<i>8.</i> SI	JBJECT CHOICES: - (	Grades 9, 10	and 11:							
Grade 10 and 11 Science				Grade 10 and 11 Business						
(Compulsory)				(Compulsory)						
1.	Mathematics			1.	Mathematics	5				
2.	English A			2.	English A					
3.	Social Studies			3.	Social Studie	es				
4.	Human & Social Biol	oav								
	Trainian et Social Biol	~3)								
	B: 1			a.	Principles of	Accounts				
a. b.	Biology Integrated Science			b.	Principles of	Business				
с.	Chemistry			с.	OfficeAdmini	istration				
d.	Physics	$\vdash$		d.	EDPM					
	,22			e.	English Liter	ature/ Economics				
9. SI	JBJECT CHOICES: - (	Grades 12 an	d 13: (Put '1' in box	for Unit 1 0	R '2' for U	nit 2)				
1.	CAPE Accounting 1/2		6. CAPE Communica			11. CAPE Pure Mathe	ematics 1/2			
2.	CAPE Entrepreneurship	1/2	7. CAPE Digital Med	ia 2		12. CAPE Manageme	ent of Business 1/2			
3.	CAPE Biology 1/2*		8. CAPE Environmen	ntal Science 1/2	2	13. CAPE Physics 1/2	2*			
4.	CAPE Chemistry 1/2*		9. CAPE Economics	Unit 2		14. CAPE Sociology	•			
5.	CAPE Caribbean Studies	5	10. CAPE Law 1/2			15. CAPE Computer	•			
			*Subjects which attr	acts a Materia	ıl/Lab Fee.	16. CAPE Animation	1			
10. D	OCUMENTS/ITEMS R	REQUIRED:	(Highlighted items M	IUST accom	pany comp	leted registration	form)			
1.	Two (2) passport-size	picture	4. Birth Certificate			7. Previous SBA resu	ult (for re-sits only)			
2.	Two Recommendation	ns	5. CSEC/CAPE/GC			8. Previous Candidat				
3.	Last school report		6. Medical Certific	ate		9. ID of School Fee	Sponsor			
	PECIAL CONSIDERATION OF THE SPECIAL CONSIDERATION OF THE SPECIAL CONTRACTOR OF THE SPECIAL CONTR		ON FOR CAPE/ CSEC EXAM	MINATIONS?	YES	□ NO □				
				1211711201101						
12. FINANCING: (*NB – Fees are NON-REFUNDABLE)  Amount being paid with this application \$ Cash Cheque Debit Card Credit Card										
TERM	TERMS OF PAYMENT: Please select payment option: Full Payment Plan									
	NT PI AN:	Sciect paymer	r un i	uyinene		. aymene i ian				
PAYME		ic that all food	s are paid in full at rea	ictration						
•	The preferred way	is that all lees	s are paid in full at reg							
				OR						
•		n and the bala	ince may be paid in thi	ree (3) equal	monthly					
	installments.									
I have r		e above terms of p	ayment: Parent's/Sponsor	r's Signature		Da	te:20			
	DID YOU HEAR ABOUT IA	E ?	Friend or relati	ive Te	levision	News. Classified	Instagram			
				=	=	-				
			School Webs	ite Wi	natsapp	Other	Ш			
СОМЕ		l rules, payment p	HAT: olicies and refund condition ritten notice for the refundir							
Param			•		Ü					
Parent's Signature: Date: 20  13. FOR OFFICE USE ONLY										
13.	Date	Invoice #	Total (\$)	Amount F		Receipt #	Balance Due (\$)			
	Juic	2.1701CE #	10tai (\$)	Amount	αια (ψ)	Receipt #	Datance Due (\$)			
<u></u>	June 2	2020. © IAE rese	rves the right to withdraw	subjects/progra	mmes that ar	e not viable. Kindly emai	1			
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