



OFFICE USE

Year of Entry	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	-	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Sibling	<input type="text"/> Y <input type="text"/> N			
T1	T2	T3	S1	S2	Grade	<input type="text"/>	Foreign/Local Fees	<input type="text"/> F <input type="text"/> L

STUDENT INFORMATION PLEASE PRINT CLEARLY

Surname _____ Initial _____ First Name _____

Gender MF Date of Birth DDMMYY

Country of Birth _____ Citizenship _____

Home Address _____

Student lives with: Mother & Father Mother Father Legal Guardian

Sibling(s) at Maple Leaf? Currently enrolled N/A Previously enrolled _____
Name(s) of sibling(s) presently enrolled/previously attended _____

PARENT/GUARDIAN INFORMATION

Ms. / Mrs. / Dr. _____
Mother / Legal Guardian Home Phone _____ Cell Phone _____

Email Address _____ Home Address _____

Place of Employment _____

Employment Address _____ Work Phone _____

Mr. / Dr. _____
Father / Legal Guardian Home Phone _____ Cell Phone _____

Email Address _____ Home Address _____

Place of Employment _____

Employment Address _____ Work Phone _____

Preferred contact for all school correspondence including invoices and school reports: Mother & Father Mother Father Legal Guardian

Alyce Heights Drive, Alyce Glen, Petit Valley, Trinidad & Tobago, W.I.

868 632 9578 admissions@mapleleaf-school.com

www.mapleleaf-school.com

SCHOOL HISTORY

Present/Previous School Name

Telephone

Address

Principal

MONTH / YEAR

Last Term Completed

Current Grade/Class/Form

Number of years at current school

Has this student had any of the following assessments done?

Psycho-educational Y N

Language Y N

Occupational Therapy Y N

Behavioural Y N

Other (Specify) _____

If yes, state the date of assessment:

It is mandatory that **ALL** documents, reports and information related to the child's education and development are submitted as part of the assessment process. Failure to disclose/submit these may negatively impact enrollment.

I/We certify that all the information provided is complete and accurate.

Mother / Legal Guardian (PRINT FULL NAME)

Signature

Date (dd/mm/yy)

Father / Legal Guardian (PRINT FULL NAME)

Signature

Date (dd/mm/yy)

FOR OFFICE USE ONLY

ATTACHMENTS

- Complete transcripts or achievement reports for all terms/semesters from the last 3 years of schooling
- Copy of birth certificate and passport
- Copy of up-to-date immunization card
- 2 passport size photographs
- Other _____

FEES - Non-refundable

Fees are payable by cheque or bank draft to: Maple Leaf International School Association Ltd. Direct deposit is available, for details please contact the office.

- Registration – does not guarantee admission _____
- Assessment – does not guarantee admission _____
- Capital Fund – due upon acceptance _____
- Term/Semester Tuition-due upon acceptance _____