

**p o box 278 | Governor ’s Rd | Leeward | Providenciales | Turks & Caicos Islands | B . W . I .**

**principal@internationalschooltci.com | tel 649 9465523 | internationalschooltci.c o m**

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# APPLICATION & REGISTRATION FORM

### One form required for each registration

**2024/ 2025**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender MALE / FEMALE

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile)

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Telephone Number (Friend / Colleague) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DETAILS OF LAST SCHOOL ATTENDED (Please attach last school report)**

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## School Address Grade/Year Dates to/from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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# WHY DID YOU CHOOSE THE ISTCI?

WEBSITE \_\_\_\_\_ RECOMMENDATION \_\_\_\_\_

LOCATION \_\_\_\_\_ CURRICULUM \_\_\_\_\_

OTHER (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to the school with your $375.00 non-refundable application & registration fee. Please note that your child cannot be officially registered until this fee is paid. Tuition fees are due within a week of invoicing.

We will be delighted to schedule a consultation and school tour for you, and we aim to meet your child’s individual needs.

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_