

5. CSEC SUBJECT CHOICES: Evening Offerings: (Please tick to select subject choices)

- | | | | | |
|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| 1. CSEC Biology * | <input type="checkbox"/> | 4. CSEC Mathematics | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. CSEC Chemistry * | <input type="checkbox"/> | 5. CSEC Physics* | <input type="checkbox"/> | |
| 3. CSEC English Language | <input type="checkbox"/> | 6. CSEC Principles of Accounts | <input type="checkbox"/> | |

Subjects that attract a Lab fee*6. CAPE SUBJECT CHOICES: Evening Offerings: (Please tick to select subjects choices)**

- | | | | |
|--------------------------------|--------------------------|----------------------------|--------------------------|
| 1. CAPE Biology Unit 1 * | <input type="checkbox"/> | 4. CAPE Pure Math – Unit 1 | <input type="checkbox"/> |
| 2. CAPE Biology Unit 2* | <input type="checkbox"/> | 5. CAPE Physics – Unit 1* | <input type="checkbox"/> |
| 3. CAPE Chemistry Unit 1 / 2 * | <input type="checkbox"/> | | |

Subjects that attract a Lab fee*7. SPECIAL CONSIDERATION (If additional time will be required)**WILL YOU REQUIRE SPECIAL CONSIDERATION FOR CAPE/ CSEC EXAMINATIONS? YES NO **8. FINANCING: (*NB – Registration Fee is NON-REFUNDABLE)**Amount being paid with this application **J\$** _____ Cash Cheque Debit Card Credit Card **TERMS OF PAYMENT: Please select payment option: Full Payment Payment Plan** **PAYMENT PLAN:**

- The preferred way is that all fees are paid in full at registration.

OR

- 50% at registration and the balance paid in four (4) equal monthly installments from October to January 2021.

*I have read and hereby agree to the above terms of payment: Parent's/Sponsor's Signature Date:.....20.....***9. DOCUMENTS/ITEMS REQUIRED: (Highlighted items MUST accompany completed Registration Form)**

- | | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|-----------------------------|--------------------------|
| I. Two (2) passport-size picture | <input type="checkbox"/> | III. ID of School Fee Sponsor | <input type="checkbox"/> | V. Previous Candidate No. | <input type="checkbox"/> |
| II. Birth Certificate | <input type="checkbox"/> | IV. CSEC/CAPE/GCE Certificates | <input type="checkbox"/> | VI. Previous SBA scores | <input type="checkbox"/> |
| | | | | VII. Two (2) Recommendation | <input type="checkbox"/> |

10. OTHER

HOW DID YOU HEAR ABOUT QUALITY ACADEMICS? Friend or relative Television Gleaner Classified Instagram

School Website WhatsApp Other _____

COMPLETION OF THIS FORM INDICATES THAT:*I agree with the school rules, payment policies and refund conditions as outlined by the school. Any falsification of data will disqualify me from entry. I also agree to give one term's written notice for the refunding of fees before withdrawing myself/ any child/ward from the school.*

Student's Signature: Date:..... 20.....

Parent's/ Guardian's Signature: Date:..... 20.....

11. FOR OFFICE USE ONLY

Date	Invoice #	Total (J\$)	Amount Paid (J\$)	Receipt #	Balance Due (J\$)

June 2019. © Quality Academics reserves the right to withdraw subjects/programmes that are not viable.

Kindly email all enquiries to assistantadmn.qa@gmail.com**VISIT US AT****77 HALF WAY TREE ROAD, KINGSTON 10**

Tel. (876) 906-0003, 906-0041, 906-0042; 906-0043;

Check the web-site often at www.qualityacademics.com for notices, calendar events, rules and updates.