Place photo here





REGISTRATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS In order for us to serve you better, please complete each section accurately

R	F	G'	N	#

GRADE LEVEL:

please tick appropriate box

5th Form

Lower 6th Form

Upper 6th Form

so that the correct information will be placed on your records							
1. PERSONAL DETAILS OF STUDENT:							
NAME Surname	First Name	Middle Name					
(Please tick appropriate box) Mr. Mrs. Miss DD MM DATE OF BI DD MM	AGE:	TELEPHONE NO. (Home) (876) -					
NATIONALITY: TRN #		TELEPHONE NO. (Cellular- Digicel)					
HOME/MAILING ADDRESS:		(876)					
·		TELEPHONE NO. (Cellular - Other) (876) -					
EMAIL ADDRESS:							
NAME OF CURRENT/PREVIOUS SCHOOL	PERIOD OF AT						
	From:	To					
2. NEXT OF KIN: (closest living relative)							
2. NEXT OF KIN: (closest living relative) Mr. Mrs. Miss FULL NAME:		NATIONALITY:					
		NATIONALITY: CONTACT NO. (Cell) (876)					
Mr. Mrs. Miss Full NAME: RELATIONSHIP TO STUDENT:		CONTACT NO. (Cell)					
Mr. Mrs. Miss FULL NAME: RELATIONSHIP TO STUDENT: Mother Father Sister Brother Other		CONTACT NO. (Cell) (876)					
Mr. Mrs. Miss FULL NAME: RELATIONSHIP TO STUDENT: Mother Father Sister Brother Other HOME/MAILING ADDRESS		CONTACT NO. (Cell) (876)					
Mr. Mrs. Miss FULL NAME: RELATIONSHIP TO STUDENT: Mother Sister Brother Other HOME/MAILING ADDRESS EMAIL ADDRESS:		CONTACT NO. (Cell) (876)					
Mr. Mrs. Miss FULL NAME: RELATIONSHIP TO STUDENT: Mother Father Sister Brother Other HOME/MAILING ADDRESS EMAIL ADDRESS: WORKPLACE:	chool fee)	CONTACT NO. (Cell) (876)					
Mr. Mrs. Miss FULL NAME: RELATIONSHIP TO STUDENT: Mother Father Sister Brother Other HOME/MAILING ADDRESS EMAIL ADDRESS: WORKPLACE: 3. SCHOOL FEE SPONSOR: (Person responsible for paying SINAME OF SCHOOL FEE SPONSOR	chool fee)	CONTACT NO. (Cell) (876) -					
Mr. Mrs. Miss FULL NAME: RELATIONSHIP TO STUDENT: Mother Father Sister Brother Other HOME/MAILING ADDRESS EMAIL ADDRESS: WORKPLACE: 3. SCHOOL FEE SPONSOR: (Person responsible for paying SINAME OF SCHOOL FEE SPONSOR	chool fee)	CONTACT NO. (Cell) (876) -					

SCHOOL SUBJECT/S LEVEL (please tick) YEAR RESULT CSEC CAPE 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Continue overleaf	>

			2			
+	CHOICES: Evening (ect subject choic	es)	
1. CSEC Biology *	<u> </u>		lathematics			
2. CSEC Chemistry		5. CSEC P	•			
CSEC English Lan*Subjects that attra		6. CSEC P	rinciples of Account	S		
	CHOICES: Evening	Offerings:	(Please tick to s	elect subjects ch	noices)	
1. CAPE Biology U	Jnit 1 *	4. CAPE P	ure Math – Unit 1			
2. CAPE Biology L		5. CAPE P	hysics – Unit 1*			
CAPE Chemistr					*Subjects that a	ttract a Lab fee
	IDERATION (If addit		· · · · · · · · · · · · · · · · · · ·			
•	E SPECIAL CONSIDERATION	•		NS? YES	NO	
8. FINANCING:	(*NB – Registration l	Fee is NON-I	REFUNDABLE)			
Amount being paid wit	th this application J\$		Cash	Cheq	ue Debit Card	Credit Card
TERMS OF PAYMENT	: Please select paymen	t option:	Full Payment		Payment Plan	
PAYMENT PLAN:						
_,						
The pref	ferred way is that all fe	es are paid ir	n tull at registration	on.		
			o	R		
• 50% at	registration and the ba	lance paid in	four (4) equal m	onthly installme	nts from October to Ja	anuary 2021.
	. .		() = [,		,
I have read and hereby ag	gree to the above terms of po	yment: Parent	's/Sponsor's Signati	ıre	Dat	e:20
9. DOCUMENTS/I	TEMS REQUIRED: (Highlighted	items MUST ac	company comp	oleted Registration I	Form)
+	port-size picture		School Fee Sponso		V. Previous Candidate	
II. Birth Certifica	ate	IV. CSEC/	CAPE/GCE Certific	cates	VI. Previous SBA score	es
				<u></u>	VII. Two (2) Recommen	udation
					vii. 1 wo (2) Recommen	
10. OTHER				-	1	
HOW DID YOU HEAR A	ABOUT QUALITY ACADEMIC	CS? Friend	or relative	Television	Gleaner Classified	Instagram
		Scho	ool Website	WhatsApp	Other	П
				тиисэльр		
	THIS FORM INDICAT the school rules, payment po		d conditions as outli	and by the school	Any falsification of data wi	Il disqualify ma from
	agree to give one term's wri					
Student's Signature.					Date:	20
siudeni s signature:					Date:	20
Parent's/Guardian's Sio	nature:				Date:	20
Turem is Guarana i Sig			• • • • • • • • • • • • • • • • • • • •		Duic	20
11.	T		R OFFICE USE C			T
Date	Invoice #	Total	(J\$) Amo	unt Paid (J\$)	Receipt #	Balance Due (J\$)
					ammes that are not viable.	
		Kindly email all	enquiries to assistant VISIT US AT	admn.qa@gmail.co	<u>n</u>	
		77 HALF V	VISIT US AT	KINGSTON 10		

Tel. (876) 906-0003, 906-0041, 906-0042; 906-0043; Check the web-site often at www.quality academics.com for notices, calendar events, rules and updates.