

SECTION A: STUDENT INFORMATION			
Surname:		First:	Other(s):
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/>	
Date of Birth (mm/dd/yyyy)		ID #:	
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please specify:	
Please list any illnesses:			
Country of Birth:	Country of Citizenship:	Father's Nationality:	Mother's Nationality:
Address:			
Home Phone:	Cell Phone:	Work Phone:	Fax Number:
Email:			
School:			Form/Class:
OR			
Employer:			
Address:			
SECTION B: CHOICE OF PROGRAMME			
Please tick the appropriate box if applicable:			
<input type="checkbox"/> Primary Tuition	<input type="checkbox"/> Private Tutoring (Centre)	<input type="checkbox"/> Online Tutoring (Group)	
<input type="checkbox"/> Secondary Tuition	<input type="checkbox"/> Private Tutoring (Home)	<input type="checkbox"/> After School Care	
<input type="checkbox"/> Adult Tuition	<input type="checkbox"/> Private Tutoring (Online)	<input type="checkbox"/> Camp	



SECTION C: CHOICE OF COURSE(S)

Please tick the appropriate box if applicable:

Primary:	Secondary/Adults:	
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Physics
<input type="checkbox"/> Grammar	<input type="checkbox"/> English Language	<input type="checkbox"/> Chemistry
<input type="checkbox"/> Comprehension	<input type="checkbox"/> English Literature	<input type="checkbox"/> Biology
<input type="checkbox"/> Composition	<input type="checkbox"/> Accounts	<input type="checkbox"/> Int. Science
<input type="checkbox"/> Reading	<input type="checkbox"/> Principles/Mgt of Business	<input type="checkbox"/> History
<input type="checkbox"/> Spelling & Vocabulary	<input type="checkbox"/> Office Administration	<input type="checkbox"/> Geography
Camp:	<input type="checkbox"/> EDPM/IT	<input type="checkbox"/> Law
<input type="checkbox"/> Kidsmania	<input type="checkbox"/> Economics	<input type="checkbox"/> C'bean Studies
<input type="checkbox"/> EduSport	<input type="checkbox"/> Spanish	<input type="checkbox"/> C'tion Studies
<input type="checkbox"/> 11+ /Reading	<input type="checkbox"/> French	<input type="checkbox"/> Reading
<input type="checkbox"/> Teen/CXC	<input type="checkbox"/> Environmental Science	<input type="checkbox"/> Other

SECTION D: PARENT OR EMERGENCY CONTACT INFORMATION

Title:	First:	Surname:	Relationship:
Address (If different from above):			
Home Phone:	Cell Phone:	Work Phone:	Fax Number:
Email:			

SECTION E: OTHER INFORMATION

How did you obtain information about the CLA?

Brochure/Flyer	()	Television	()	Internet	()
Newspaper	()	Signage	()	Friend/Family	()

Other (please specify): _____

SECTION F: DECLARATION

I certify that the facts stated above are correct. I also acknowledge that I will be responsible for, and will pay all costs related to collection activities on the aforementioned student's account. These fees include, but are not limited to, collection agents fees, discounts, or commissions; bailiff fees, court costs, legal fees and such other fees which may be incurred to settle this account.

Signature of Parent/Guardian/Applicant

Date(dd/mm/yyyy)

SECTION F: DETAILS(FOR OFFICIAL USE ONLY)

Start Date:	Payment Plan:	Programme/Subject
Day(s)	Time	
Day(s)	Time	
Special Notes:		