



**Part 1 - Personal Information**

FAMILY NAME		FIRST NAMES	
MOTHER TONGUE	NATIONALITY	Date of Birth (YYYY/MM/DD)	
ADDRESS		CITY	COUNTRY
E-MAIL	TELEPHONE NUMBER	FAX NUMBER	

**Part 2 - Academic Information**

Candidate Type (please tick 4 one box).

Full-Time Internal Candidate  
  External/Private Candidate Entering Examination Only  
  Revision Tutorial Candidate  
  OTHER \_\_\_\_\_  
 (Please specify)

Examination you wish to enter (please tick 4 applicable box(es)):

O Level  
  IGCSE  
  AS Level  
  A Level  
  Cambridge International Diploma

DATE YOU WISH TO ENTER THE EXAMINATION  
 Month \_\_\_\_\_ Year: \_\_\_\_\_

If you have taken CIE exams before, please state:  
 a) Previous Candidate Number: \_\_\_\_\_ b) Centre Number: \_\_\_\_\_

For OL, IGCSE, ASL and AL, please specify the papers you wish to enter (e.g. OL English Literature, AL Spanish, ASL Maths, etc):

\_\_\_\_\_

IF YOU HAVE TAKEN CIE EXAMINATIONS PREVIOUSLY, PLEASE STATE SUBJECTS, DATE TAKEN AND RESULTS (e.g. AL English (02/21/00) B, ASL MATHS (02/21/00) C, etc)

Level & Subject	Date Taken	Result	Level & Subject	Date Taken	Result	Level & Subject	Date Taken	Result

HOW MANY YEARS DID YOU ATTEND SCHOOL? \_\_\_\_\_

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: \_\_\_\_\_

\_\_\_\_\_

LAST GRADE COMPLETED: \_\_\_\_\_

WHAT LANGUAGE(S) DO YOU SPEAK, READ, WRITE? \_\_\_\_\_

Name and Address of Next of Kin:

FAMILY NAME		FIRST NAMES		RELATIONSHIP
ADDRESS		CITY	COUNTRY	
E-MAIL	TELEPHONE NUMBER	FAX NUMBER		

WHO CAN WE CONTACT TO LEAVE A MESSAGE FOR YOU?

NAME	RELATIONSHIP	E-MAIL	TELEPHONE NUMBER	FAX NUMBER
ADDRESS		CITY	COUNTRY	

**Part 3 - Declaration**

I agree to abide by the official College policies and regulations, including those concerning dismissal, dispute resolution and refunds. Specifically, fees are non-refundable.

Signature of Candidate/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	ENCLOSURES: <input type="checkbox"/> REGISTRATION FEE <input type="checkbox"/> TRANSCRIPTS <input type="checkbox"/> PHOTO
Term: <input type="checkbox"/> Admit <input type="checkbox"/> Admit conditionally <input type="checkbox"/> Not admitted <input type="checkbox"/> Other	
REGISTRAR'S COMMENTS (Admitted on Basis of):	
Application received/postmarked	REGISTRAR'S SIGNATURE: _____ DATE: _____
DATE: _____ TIME: _____	DECISION CODE: _____ INITIALS: _____