

FOR OFFICIAL USE ONLY

Year of Entry:	Foreign:	Interviewed by:
Grade:	Date interviewed:	Notes:
Siblings:	Application Fee:	



**ARBOR
APPLICATION FORM**

GENERAL INFORMATION

Father				Mother			
Complete Name:							
Home Address:						Home Phone:	
Email:				Email:			
Occupation:			Cell:	Occupation:			Cell:
Work Place:			Phone:	Work Place:			Phone:
Marital Status	Single	Married	Separated	Marital Status	Single	Married	Separated
	Divorced	Widowed	Other		Divorced	Widowed	Other
Languages spoken:				Languages spoken:			

INFORMATION ON THE CHILD

Name:						M	F
Date of Birth: (dd/mm/yyyy)			Place of Birth:		Nationality:		
Age:		Religion:		If Catholic, has the child received the following sacraments: Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>			
With whom does he/she live?				Address:			
Elder Siblings		Age	School		Younger Siblings		Age

PREVIOUS SCHOOLING

Schools previously attended:		Period of time:	
Do you know a family that has children in ARBOR/ ROSEWOOD?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:		Phone:	
Why have you chosen ARBOR/ROSEWOOD as an educational option for your child?			

MEDICAL HISTORY

Any health conditions?

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Any physical limitations/disabilities?

--

Any allergies or special medical treatment?

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Any special recommendations for the child's adaptation to the new school:

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Other (specify):

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IN CASE OF EMERGENCY PLEASE CALL:

Name:	Phone:	
Name:	Phone:	
Pediatrician or family physician:	Phone:	Hospital:

PROCEDURE

1. Fill this form and submit via Email to admin@arbor.edu.tt.
2. Pay the application fee of \$300 via Online Transfer or Bank Deposit to the following account and email a copy of the receipt along with your application form to admin@arbor.edu.tt.
EDFAM
Republic Bank, Maraval
Account No. 340800393301
Please email/send us a copy of the deposit slip.
3. Parents or guardians will then be contacted to schedule an interview with a Director of the School

We the undersigned declare that all the information provided in this form is correct and true.

The application form will be declared null and void in the case of incorrect information.

Port of Spain, _____, _____, 20____.
Day Month Year

SIGNATURE OF THE FATHER

SIGNATURE OF THE MOTHER

#1 Champs Elysee / Long Circular Road, Maraval

288-5144