

**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 |
| Please circle one | Divorced | Widowed | Other     | Please circle one | Divorced | Widowed     | Other     |
| Languages spoken: |          |         |           | Languages spoken: |          |             |           |

**INFORMATION ON THE CHILD**

|                             |  |      |                 |  |              |     |        |
|-----------------------------|--|------|-----------------|--|--------------|-----|--------|
| Name:                       |  |      |                 |  |              | M   | F      |
| Date of Birth: dd/mm/yyyy   |  |      | Place of Birth: |  | Nationality: |     |        |
| Grade to enter:             |  | Age: | Religion:       | If Catholic, has the child received the following sacraments:<br>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 | School |
|                             |  |      |                 |  |              |     |        |
|                             |  |      |                 |  |              |     |        |
|                             |  |      |                 |  |              |     |        |

**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 as an educational option for your children? |  |  |  |
|   |  |  |  |

MEDICAL HISTORY

Any health conditions?

[Empty box for health conditions]

Any physical limitations/disabilities?

[Empty box for physical limitations]

Allergies or special medical treatment?

[Empty box for allergies]

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

[Empty box for special recommendations]

Other (specify):

[Empty box for other information]

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 account below.
3. Email a copy of the receipt along with your application form to admin@arbor.edu.tt
4. Parents or guardians will then be contacted to schedule an interview with a Director of the School

Account Information:

EDFAM

Republic Bank, Maraval

Account No: 340800393301

(Please email a receipt of the deposit along with your name and the child's name)

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\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF THE FATHER

\_\_\_\_\_  
SIGNATURE OF THE MOTHER

129 Long Circular Road, Maraval  
288-5144