Attach photos here



St. Anthony's CollegeMorne Coco Road, West Moorings
Tel: 637-6744; Email: principal@stanthonys.edu.tt
Website: stanthonys.edu.tt

FORM 1 STUDENT REGISTRATION – 2025 INTAKE

C. 1 N	-			
Student's Name:	SURNAME	FIRST	MIDDLE	
Date of Birth:	// 	Religion:		
Nationality: Foreigner(Please specify)				
Birth Certificate PIN: SEA Placement No				
Address (No abbrev	viations):			
Student's phone contacts: (H) (C)				
E-mail address:				
Primary school atter	nded:			
Class assigned (St. Anthony's College): 1-1 [] 1-2 [] 1-3 []				
Assigned House: Tick the house to which you were assigned.				
St. Finbar's (Red) [] St. John's (Yellow) [] St. Patrick's (Green) [] St. Peter's (Blue) []				
School meals required: Yes [] No []				
Medical/Mental Health Conditions:				
Public Social Assistance (Government): Yes [] No []				
Name of siblings and ages:				
-				
Father's Informati	ion	Student Caretake	r: Yes [] No []	
Father's Name:		ID:		
Address (No abbrev	viations):			
Contact No. (H)		(C)		
Email address:(Mus	st provide)			
Profession:		Name of employer:		
Address of employr	nent:			
Interest(s) in assisting the College:				
		SICNATUDE.		
		SIGNATURE:	-	

Mother's Information	Student Caretaker: Yes [] No []			
Mother's Name:	ID:			
Address (No abbreviations):				
Contact No. (H)	(C)			
Email address:(Must provide)				
Profession: Name of employer:				
Address of employment:				
Interest(s) in assisting the College:				
SIGN	NATURE:			
Guardian/Caretaker's Information (Non-Biolog	gical Parents) Student Caretaker: Yes [] No []			
Name:	ID:			
Address (No abbreviations):				
Contact No. (H)	(C)			
Email address:(Must provide)				
Profession:	Name of employer:			
Address of employment:				
Interest(s) in assisting the College:				
SIGN	NATURE:			
Additional notes				
NAME OF TEACHER RECEIVING FORM/VERI	FYING INFO.			
	(PRINT NAME)			
SIGNATURE	DATE			