



Caribbean Examinations Council (CXC)
Caribbean Secondary Education Certificate (CSEC)

JANUARY 2011

Before completing this form read the accompanying instructions carefully. This registration form should be completed in **BLOCK LETTERS** and returned to the nearest office listed below by **September 03, 2010**. Incomplete registration forms will **NOT** be accepted.

- Supervisor of Examinations, Ministry of Education, 18 Alexandra Street, Port of Spain
- Education Exams Section, Sutton Street, San Fernando
- Education Office - Corner Eldorado and Green Streets, Tunapuna
- Education Office - Savi Street, Boocloo Ville, Sangre Grande
- Education Office - 14 Camden Court, Balmain Road, Couva
- Education Office - Dutch Forde Plaza, Dutch Forde, Scarborough, Tobago

SECTION A - GENERAL INFORMATION

First Name <input style="width: 95%; height: 20px;" type="text"/> <small style="float: right;">Other Name</small> Surname <input style="width: 95%; height: 20px;" type="text"/> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 40px;" type="text"/> (DD/MM/YYYY) Birth Certificate PIN No. <input style="width: 60px;" type="text"/> * An electronic birth certificate must be presented	<p style="text-align: center;"><i>Please sign name at back and staple a recent photograph of yourself in the space provided</i></p>
Mailing Address <input style="width: 95%; height: 20px;" type="text"/> <small style="float: right;">Street Name</small> <input style="width: 95%; height: 20px;" type="text"/> <small style="float: right;">Town/City</small> Home Telephone Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Mobile Telephone Number <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Email Address <input style="width: 95%; height: 20px;" type="text"/>	
Please provide one (1) form of valid photo identification . (i.e. identification that has not expired). This ID should be the same provided during the examination.	
Identification Card No. <input style="width: 60px;" type="text"/> Driver's Permit <input style="width: 60px;" type="text"/>	Passport No. <input style="width: 60px;" type="text"/>

SECTION B - LISTING OF SUBJECTS

Please list below, the name(s) of the subject(s) which you intend to sit, and indicate whether you will be writing the **alternate** paper or registering as a **"Resit"** candidate for the subject. **Please tick (√) as appropriate.** If you tick **"Resit"**, please ensure that the personal information provided is the same as previous registrations.

NB: If the boxes are left blank, you will be automatically registered as "Alternate" i.e. Paper 3/2 exam.

LISTING OF SUBJECT(S)

No.	Subject(s)	Resit	Alternate
1			
2			
3			
4			
5			
6			

Area where you will like to sit the examinations

SECTION C - FEE STRUCTURE & DECLARATION

Entry Fee: **\$115.00**
Subject Fee: **\$115.00**
Administration Fee: **\$8.00**

Additional Fee for Spanish Orals: **\$3.00**
Late Entry Fee: **\$162.00**

DECLARATION OF CANDIDATE

I, _____
First Name *Surname* *(Complete in BLOCK LETTERS)*

declare that I make this entry in accordance with the issued instructions which I have studied, and that I have given all the information required truthfully and accurately to the best of my knowledge. I understand that I shall be allowed to sit only those subject(s) as indicated on this form.

Signature of Candidate

____/____/____
yyyy *mm* *dd*
Date

If currently enrolled in a secondary school, please tick accordingly

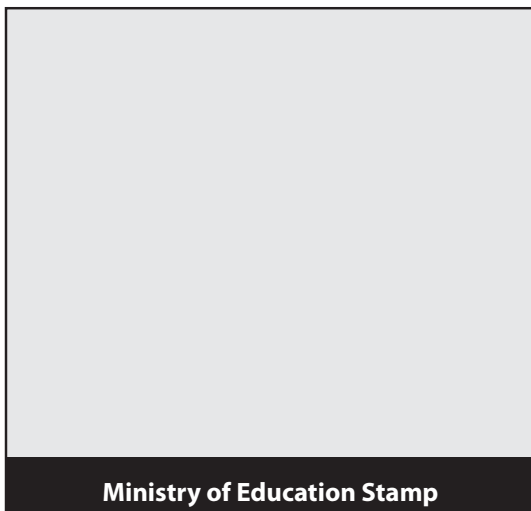
Form 4

Form 5

Form 6

FOR OFFICIAL USE ONLY

Checked by: _____
Name in **BLOCK LETTERS**



Late Entry Fee: **\$162.00**

Receipt #: _____

Date: _____
yyyy *mm* *dd*
Date

