



**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**

<p>First Name <input style="width: 100%;" type="text"/></p> <p style="text-align: right; font-size: small;">Other Name</p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>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)</p> <p>Birth Certificate PIN No. <input style="width: 100%;" type="text"/> * An electronic birth certificate must be presented</p> <p>Mailing Address <input style="width: 100%;" type="text"/></p> <p style="text-align: center; font-size: small;">Street Name</p> <p><input style="width: 100%;" type="text"/></p> <p style="text-align: center; font-size: small;">Town/City</p> <p>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"/> <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"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Email Address <input style="width: 100%;" type="text"/></p> <p>Please provide one (1) form of <b>valid photo identification</b>. (i.e. identification that has not expired).  <b>This ID should be the same provided during the examination.</b></p> <p>Identification Card No. <input style="width: 100%;" type="text"/> Passport No. <input style="width: 100%;" type="text"/></p> <p>Driver's Permit <input style="width: 100%;" type="text"/></p>	<p><i>Please sign name at back and staple a recent photograph of yourself in the space provided</i></p>
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**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 - DECLARATION**

**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

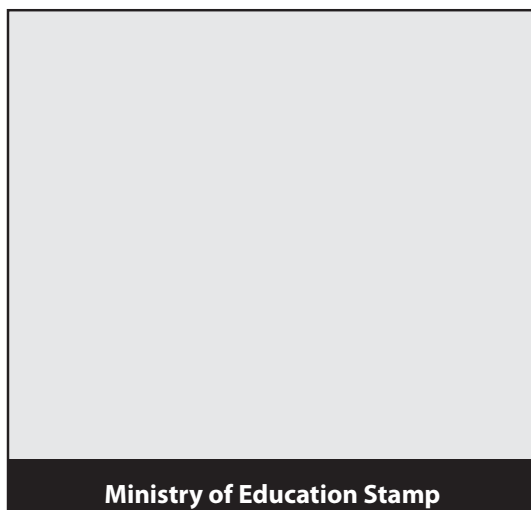
**FOR OFFICIAL USE ONLY**

Checked by: \_\_\_\_\_  
Name in **BLOCK LETTERS**

Late Entry Fee: **\$162.00**

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_  
*yyyy* *mm* *dd*  
**Date**



**Ministry of Education Stamp**

