



St. Stephen's College

Craignish Village, Princes Town, Trinidad, West Indies

st_stephenscollege@yahoo.com

<http://ststephenscollege.edu.tt>

Tel: (868) 655-2488

ONLINE FORM

DEADLINE DATE FOR SUBMISSION: TUESDAY 22ND APRIL, 2025

TWENTY PERCENT SELECTION - CONDITIONS FOR CONSIDERATION

St. Stephen's College is an Anglican Assisted Secondary School under the direction of a Board of Management. We regret that we will be unable to give any consideration to your application unless the following conditions are met:

- You **must** have selected St. Stephen's College as your first choice for the student.
- Normally, the student should be a practising Anglican, attending an Anglican primary school and/or have a close family connection with the school. **Anglican** students **must** refer to their Parish Priest for endorsement in Section 4 of this form.
- The student must be doing very well at his/her current School and his/her involvement in extra-curricular activities must be detailed, with any supporting documents.
- Copies of Standard Four reports for all three terms and Term One report for Standard Five must be submitted with this form.
- The facilities and programmes offered at the school depend on Parental support. Parents should do the necessary research on our institution before deciding to choose this school. Please refer to our website at ststephenscollege.edu.tt
- A non-refundable fee of \$30 is payable to cover administrative and processing costs and is **not** to be understood as a guarantee of acceptance.
- Place this completed form, documents and handling fee in a sealed envelope and deposit in the box provided at the school's security booth. **Forms are also available on the school's website.**

COMPLETION OF THIS FORM DOES NOT GUARANTEE YOUR CHILD A PLACE AT THE COLLEGE

PLEASE PRINT ON LEGAL SIZE (8.5x14 IN) PAPER AND COMPLETE IN BLOCK LETTERS

1. STUDENT DETAILS

FIRST NAME										MIDDLE NAME										GENDER - PLEASE TICK									
<input type="text"/>										<input type="text"/>										<input type="checkbox"/> M <input type="checkbox"/> F									
LAST NAME																				SEA NUMBER									
<input type="text"/>																				<input type="text"/>									
THE NAMES RECORDED ABOVE SHOULD BE AS IT APPEARS ON THE BIRTH CERTIFICATE																													
ADDRESS - LINE 1																													
<input type="text"/>																													
ADDRESS - LINE 2																													
<input type="text"/>																													
DATE OF BIRTH										COUNTRY OF BIRTH																			
<input type="text"/>										<input type="text"/>																			
NATIONALITY										RELIGION																			
<input type="text"/>										<input type="text"/>																			
NAME OF PRIMARY SCHOOL																													
<input type="text"/>																													
EXTRA-CURRICULAR ACTIVITIES OR HOBBIES																													
<input type="text"/>																													
<input type="text"/>																													

2. SECONDARY SCHOOL SELECTION

FIRST CHOICE																													
<input type="text"/>																													
SECOND CHOICE																													
<input type="text"/>																													
THIRD CHOICE																													
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3. PARENT/GUARDIAN DETAILS

FATHER'S/GUARDIAN'S FIRST NAME	FATHER'S/GUARDIAN'S LAST NAME																								
FATHER'S/GUARDIAN'S PROFESSION	FATHER'S/GUARDIAN'S CELL NUMBER																FATHER'S/ GUARDIAN'S WORK NUMBER								
MOTHER'S/GUARDIAN'S FIRST NAME	MOTHER'S/GUARDIAN'S LAST NAME																								
MOTHER'S/GUARDIAN'S PROFESSION	MOTHER'S/GUARDIAN'S CELL NUMBER																MOTHER'S/GUARDIAN'S WORK NUMBER								

WHY HAVE YOU CHOSEN ST. STEPHEN'S COLLEGE FOR YOUR CHILD?

4. RELIGIOUS AND FAMILY AFFILIATION

PLEASE TICK

DOES THE CHILD HAVE ANY RELATIVES ATTENDING THE SCHOOL? YES NO

IF YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE NAME AND FORM CLASS OF THE RELATIVE.

FIRST NAME	LAST NAME																														
FORM CLASS																RELATION															

PLEASE TICK

DO YOU GIVE PERMISSION FOR YOUR CHILD TO PARTICIPATE IN SCHOOL ACTIVITIES WITH AN ANGLICAN COMPONENT? YES NO

WHICH CHURCH, TEMPLE OR MOSQUE DOES THE STUDENT REGULARLY ATTEND?

ANGLICAN STUDENTS ONLY: PLEASE PROVIDE THE NAME OF YOUR PARISH PRIEST

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PARISH PRIEST: WHY DO YOU RECOMMEND THIS CHILD? ADDITIONAL INFORMATION CAN BE PLACED ON A SEPARATE SHEET OF PAPER AND ATTACHED TO THIS FORM

SIGNATURE OF PARISH PRIEST	PLACE PARISH STAMP HERE
DATE	
DDMMYYYY	

5. PARENT/GUARDIAN SIGNATURE AND CONFIRMATION

PARENT'S/ GUARDIAN'S SIGNATURE	DDMMYYYY	NAME IN BLOCK LETTERS
	DATE	