



# St. Stephen's College

Craignish Village, Princes Town, Trinidad, West Indies

[st\\_stephenscollege@yahoo.com](mailto:st_stephenscollege@yahoo.com)

<http://ststephenscollege.edu.tt>

Tel: (868) 655-2488

ONLINE FORM

**DEADLINE DATE FOR SUBMISSION: FRIDAY 10<sup>TH</sup> APRIL, 2026**

LATE SUBMISSIONS WILL NOT BE ACCEPTED

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

### 2. SECONDARY SCHOOL SELECTION

FIRST CHOICE																			
SECOND CHOICE																			
THIRD CHOICE																			



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