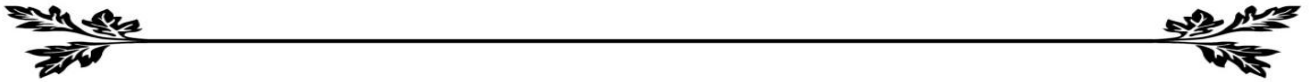


Online Schooling
theeducationalinstitutett@gmail.com
+1 (868) 314-1776

Date Registered _____



ONLINE REGISTRATION FORM

Student Information -

Name: _____

Age: _____

Address: _____

Email Address: _____

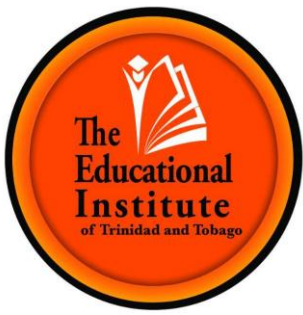
Mobile Number: _____

Class & Subject Information -

Primary Level

Secondary Level

- Subjects Chosen – 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____



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Date Registered _____

Parent/Guardian Information -

Name: _____

ID/DP/PP: _____

Address: _____

Email Address: _____

Email Address (For Website): _____

WhatsApp or Secondary Contact (WhatsApp preferred): _____

I _____ hereby give permission for _____ to attend Online Classes via **The Educational Institute of Trinidad and Tobago**

Parent's/Guardian's Signature –

Additional Requirements: Scan of ID/DP/PP (given in line 2 above) should be forwarded to the institute via email or WhatsApp