



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

JANUARY 2012

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 09, 2011**. 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 El Dorado and Green Streets, Tunapuna
- Education Office - Savi Street, Boodoo 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: 20px;" type="text"/> <input style="width: 20px;" 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"/> 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"/></p> <p>Email Address <input style="width: 100%;" type="text"/></p> <p>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.</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>Please sign name at back and staple a recent photograph of yourself in the space provided</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)	Previous Registration #	Resit	Alternate
1				
2				
3				
4				
5				
6				

Area where you will like to sit the examinations

SECTION C - FEE STRUCTURE & DECLARATION

FEES STRUCTURE

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

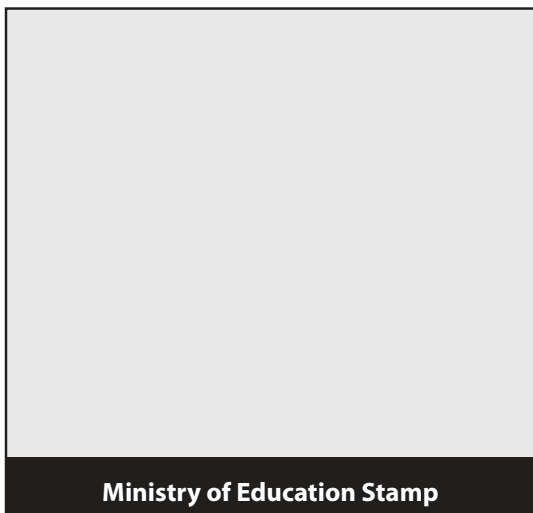
Form 6

LIST OF SUBJECTS OFFERED

Subject	Paper	Subject	Paper
Biology	1, 2, + 3/2	Physics	1, 2, + 3/2
Chemistry	1, 2, + 3/2	Principles of Accounts	1, 2, + 3/2
English A	1, 2	Principles of Business	1, 2, + 3/2
English B	1, 2	Social Studies	1, 2, + 3/2
Human & Social Biology	1, 2	Spanish	1, 2, + orals
Information Technology	1, 2, + 3/2		
Mathematics	1, 2		
Office Administration	1, 2, + 3/2		

FOR OFFICIAL USE ONLY

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



Late Entry Fee: **\$162.00**
 Receipt #: _____
 Date: ____/____/____
yyyy mm dd

PAYMENT
 Receipt #: _____
 Date: ____/____/____
yyyy mm dd

