



# SAN PEDRO INTERNATIONAL SCHOOL

P.O. Box SP62216

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## Entrance Examination Registration Form

Name of Student: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Student's address: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Grade Level Being Tested For: \_\_\_\_\_

Exam Date: \_\_\_\_\_

Cost: \$35.00