



ARIMA CENTRAL SECONDARY SCHOOL

Robert Street, Arima, Trinidad West Indies.

Phone: 1(868)667-3562

Website: acss.edu.tt

Email: ArimaCentral.Sec@fac.edu.tt

PERSONAL INFORMATION

Student's Name: _____
Surname *First Name* *Other Name(s)*

Gender: Male Female

Religion: _____

Date of Birth: ____/____/____/
DD MM YR

Birth Certificate Pin Number: _____

Citizenship: Trinidad and Tobago Other

Student's Ministry of Education Issued E-mail Address: _____

Does student have access to an electronic device to access online classes? Yes No

If Yes, please specify the type of device. _____

Does student have access to reliable internet connectivity to access online classes? Yes No

Home Address: _____

Contact No: _____ (Home)

_____ (Cell)

Health: _____ (Allergies)

_____ (Health Problems)

Has the student been vaccinated against Covid 19?

Yes

No



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PARENTAL INFORMATION

Mother's Name: _____

Father's Name: _____

Mother's Address: _____

Father's Address: _____

Mother's Occupation: _____

Father's Occupation: _____

Mother's I.D. No: _____

Father's I.D. No: _____

Contact No: _____ (Cell)

Contact No: _____ (Cell)

_____ (Work)

_____ (Work)

Email Address: _____

Email Address: _____

Number of Siblings: _____ (Brothers)

_____ (Sisters)

Place among Children: _____

If Student resides with a Guardian:

Name of Guardian: _____

Contact No: _____ (Cell)

Guardian's I.D. No: _____

_____ (Work)

Relationship: _____

Number of Siblings: _____ (Brothers)

_____ (Sisters)

Place among Children: _____



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EMERGENCY CONTACT

Name: _____

Address: _____

Relationship: _____

National I.D. No: _____

Contact No: _____ (Cell)

_____ (Work)

Place of Employment: _____

Parent/Guardian Signature

PRIMARY SCHOOL INFORMATION

Name of School: _____

Address: _____

S.E.A. Registration Number: _____

Is Immunization Card presented: Yes No

Any other information: _____

FOR OFFICIAL USE ONLY

Teacher's Name: _____

Teacher's Signature

Date