



ARIMA CENTRAL SECONDARY SCHOOL

Robert Street, Arima, Trinidad West Indies.

Phone: 1(868)667-3562 / 475-7369 Website: www.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 E-mail Address: _____

Home Address: _____ Contact No: _____ (Home)

_____ (Cell)

Health: _____ (Allergies)
_____ (Health Problems)

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: _____



ARIMA CENTRAL SECONDARY SCHOOL

Robert Street, Arima, Trinidad West Indies.

Phone: 1(868)667-3562 / 475-7369 Website: www.acss.edu.tt

Email: ArimaCentral.Sec@fac.edu.tt

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: _____

EMERGENCY CONTACT

Name: _____

Address: _____

Relationship: _____

National I.D. No: _____ Contact No: _____ (Cell)

_____ (Work)

Place of Employment: _____

Parent/Guardian Signature



ARIMA CENTRAL SECONDARY SCHOOL

Robert Street, Arima, Trinidad West Indies.

Phone: 1(868)667-3562 / 475-7369

Website: www.acss.edu.tt

Email: ArimaCentral.Sec@fac.edu.tt

PRIMARY SCHOOL INFORMATION

Name of School: _____

Address: _____

S.E.A. Registration Number: _____

Is Immunization Care presented: Yes No

Any other information: _____

FOR OFFICIAL USE ONLY

Teacher's Name: _____

Teacher's Signature

Date