



Government of the Republic of Trinidad & Tobago
MINISTRY OF EDUCATION
#5 St. Vincent Street, Port of Spain, Trinidad

SECONDARY ENTRANCE ASSESSMENT (SEA) 2022

STUDENT ENTRY FORM

Private Candidates

GUIDELINES FOR COMPLETING THIS FORM

- Before completing this form, please read the following instructions carefully.
1. The registration form should be completed in BLOCK LETTERS using BLUE or BLACK ink and taken to the registration venue (see instruction sheet) on Monday 20th September, 2021 to Friday 22nd October, 2021. Incomplete registration forms will not be accepted.
 2. Parents/Guardians of students are required to indicate on the **STUDENT ENTRY FORM** the secondary schools of your choice in order of preference.
 3. Please ensure that the correct codes for schools and religion are used.
 4. **SECTION C - SPECIAL CONCESSIONS** – This section of the Entry Form is to be completed for students who are physically challenged, hearing impaired, visually impaired and/or learning-disabled students. Indicate by ticking (✓) the relevant diagnosed conditions. Special concessions may be granted to qualifying students. Applications for special concessions must be entered on the prescribed forms that are available online at the Ministry of Education’s website <https://www.moe.gov.tt/special-concessions-application-forms-for-local-exams-2/>
 5. **The original and one (1) copy of all documents requested must be provided. The original documents will be returned.**

SECTION A – GENERAL STUDENT’S INFORMATION

Student Surname

First Name

Gender: Male Female Date of Birth:
Y Y Y Y M M D D

Birth Certificate PIN No. *An original electronic birth certificate must be presented by the parent or guardian for verification by the Ministry of Education.

Foreign PIN No.
(Official Use Only)

Father’s Name:
Surname First Name

Mother’s Name:
Surname First Name

Legal Guardian’s Name:
Surname First Name

Student’s Address
Line 1
Line 2
Line 3

Tel. No. (Residential) - Mobile No. -

Email:

SECTION B – SCHOOL CHOICES

Number of times SEA has been taken before:

	CODES
School of First Choice <input type="text"/>	<input type="text"/>
School of Second Choice <input type="text"/>	<input type="text"/>
School of Third Choice <input type="text"/>	<input type="text"/>
School of Fourth Choice <input type="text"/>	<input type="text"/>

SECTION C – SPECIAL CONCESSIONS

Please indicate by ticking your child’s **diagnosed** condition. State briefly the nature of the condition.

A. Physical Impairment <input type="checkbox"/>	B. Hearing Impairment <input type="checkbox"/>	C. Visual Impairment <input type="checkbox"/>
D. Learning Disabilities <input type="checkbox"/>	E. Other Conditions <input type="checkbox"/>	

State briefly here _____

*** DO NOT ATTACH SUPPORTING DOCUMENTS WITH THIS FORM**

SECTION D – MULTIPLE BIRTHS

Please complete this section in cases of multiple births (twins & triplets)

Name of Sibling 1	Surname	First Name								
Date of Birth:	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%; border: 1px solid black;">Y</td><td style="width: 10%; border: 1px solid black;">Y</td><td style="width: 10%; border: 1px solid black;">Y</td><td style="width: 10%; border: 1px solid black;">Y</td> <td style="width: 10%; border: 1px solid black;">M</td><td style="width: 10%; border: 1px solid black;">M</td> <td style="width: 10%; border: 1px solid black;">D</td><td style="width: 10%; border: 1px solid black;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Y	Y	Y	Y	M	M	D	D			
Birth Certificate PIN No.	* An electronic birth certificate must be presented by the parent or guardian for verification by the principal									
Name of School Currently Attending (if any)										
Name of Sibling 2	Surname	First Name								
Date of Birth:	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%; border: 1px solid black;">Y</td><td style="width: 10%; border: 1px solid black;">Y</td><td style="width: 10%; border: 1px solid black;">Y</td><td style="width: 10%; border: 1px solid black;">Y</td> <td style="width: 10%; border: 1px solid black;">M</td><td style="width: 10%; border: 1px solid black;">M</td> <td style="width: 10%; border: 1px solid black;">D</td><td style="width: 10%; border: 1px solid black;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Y	Y	Y	Y	M	M	D	D			
Birth Certificate PIN No.	* An electronic birth certificate must be presented by the parent or guardian for verification by the principal									
Name of School Currently Attending (if any)										

SECTION E – RELIGION CODE

Please tick one (1) selection ONLY that represents the student’s religion

01 ANGLICAN <input type="checkbox"/>	06 MORAVIAN <input type="checkbox"/>	11 PENTECOSTAL <input type="checkbox"/>
02 BAPTIST <input type="checkbox"/>	07 ROMAN CATHOLIC <input type="checkbox"/>	12 ORISHA <input type="checkbox"/>
03 HINDU <input type="checkbox"/>	08 PRESBYTERIAN <input type="checkbox"/>	13 AFRICAN METHODIST EPISCOPAL (AME) <input type="checkbox"/>
04 METHODIST <input type="checkbox"/>	09 SEVENTH DAY ADVENTIST <input type="checkbox"/>	14 ANY OTHER RELIGION <input type="checkbox"/>
05 MUSLIM <input type="checkbox"/>	10 JEHOVAH’S WITNESS <input type="checkbox"/>	

Please specify _____

SECTION F – PARENT/GUARDIAN DECLARATION

I give permission to publish my child’s results. Yes No

I declare that my child is not currently registered in a public or private primary school that is registered with the Ministry of Education. Yes No

I certify that all the above information given is true and correct.

Surname	First Name
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NAME OF PARENT OR GUARDIAN IN BLOCK LETTERS

SIGNATURE OF PARENT OR GUARDIAN

ID/DP/PP/PIN#

Date of Submission

Y	Y	Y	Y	M	M	D	D
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