



Phone:  
1-868-663-9513

Address:  
56B, Back Street, Tunapuna, Trinidad, W.I.

## REGISTRATION FORM

NAME: .....

ADDRESS: .....

.....

DATE OF BIRTH (DD/MM/YY): .....

TELEPHONE NO.: .....

EMAIL ADDRESS: .....

GENDER: MALE ( ) / FEMALE ( )

RELIGIOUS PERSUASION: HINDU ( ) / MUSLIM ( ) / CHRISTIAN ( ) / OTHER ( )

PARENT/ GUARDIAN'S NAME (IF REGISTRANT IS A MINOR):

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PARENT/ GUARDIAN'S TELEPHONE NO.: .....

PARENT/ GUARDIAN'S EMAIL ADDRESS:.....

EMERGENCY CONTACT: .....

## ACADEMIC QUALIFICATIONS

<u>INSTITUTIONS ATTENDED</u>	<u>LAST CLASS ATTENDED / QUALIFICATIONS OBTAINED</u>
PRIMARY :	
SECONDARY:	
TERTIARY:	

**PAST ART EXPERIENCE**

<u>INSTITUTION</u>	<u>TEACHER/ GURU</u>	<u>ARTS (DANCE, MUSIC ETC.)</u>	<u>TIME PERIOD</u>

ANY EXISTING MEDICAL CONDITIONS: YES ( ) NO ( )

IF YES, PLEASE SPECIFY:

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I, ....., hereby acknowledge that I have read the Rules and Regulations of the KKS Training Academy, which is an integral part of the Registration process, and that I understand and agree to the Terms and Conditions as outlined therein.

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**STUDENT**

**PARENT/ GUARDIAN**

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**FOR OFFICAL USE ONLY**

Registration Date: .....

Class Venue: .....

Receipt Number: .....

Registrar: .....