



## REGISTRATION FORM

*(Please fill out in block letters)*

NAME OF STUDENT: \_\_\_\_\_

NATIONAL ID # \_\_\_\_\_

SPEAKER  SUBSTITUTE

DATE OF BIRTH: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Age: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

NAME OF PRINCIPAL and/or TEACHER: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_

NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE NO: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL ADDRESS (if applicable): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Completed Forms must be forwarded to BTMI via email to**  
[youth@visitbarbados.org](mailto:youth@visitbarbados.org)