Government of the Republic of Trinidad and Tobago

Ministry of Education

#5 St. Vincent Street, Port of Spain, Trinidad

SECONDARY ENTRANCE ASSESSMENT (SEA) 2027
STUDENT ENTRY FORM
Private Candidates

GUIDELINES FOR COMPLETING THIS FORM

Before completing this form, please read the following instructions carefully.

1. The registration form is be completed in BLOCK LETTERS using BLUE or BLACK ink and taken to either the Ministry of Education, #5 St. Vincent Street, Port of Spain, Trinidad OR the Division of Education, Innovation and Energy, Dutch Fort Plaza, Dutch Fort, Scarborough, Tobago on one of the days of registration. Registration takes place from Monday 14th September, 2026 to Friday 23rd October, 2026. Incomplete registration forms will not be accepted.
2. Please ensure that the correct codes for schools and religion are used.
3. **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/
4. **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

School of Second Choice

School of Third Choice

School of Fourth Choice

SECTION C – SPECIAL CONCESSIONS

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

A. Physical Impairment ☐ B. Hearing Impairment ☐ C. Visual Impairment ☐

D. Learning Disabilities ☐ E. Other Conditions ☐

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: Y Y Y Y M M D D

Gender: Male ☐ Female ☐

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: Y Y Y Y M M D D

Gender: Male ☐ Female ☐

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	☐	06	MORAVIAN	☐	11	PENTECOSTAL	☐
02	BAPTIST	☐	07	ROMAN CATHOLIC	☐	12	ORISHA	☐
03	HINDU	☐	08	PRESBYTERIAN	☐	13	AFRICAN METHODIST EPISCOPAL (AME)	☐
04	METHODIST	☐	09	SEVENTH DAY ADVENTIST	☐	14	ANY OTHER RELIGION	☐
05	MUSLIM	☐	10	JEHOVAH'S WITNESS	☐			

_____
Please specify

SECTION F – PARENT/GUARDIAN DECLARATION

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

Is your child attending a public school? Yes ☐ No ☐

Is your child currently being homeschooled? Yes ☐ No ☐

Is your child attending a private primary school that is not registered with the Ministry of Education? Yes ☐ No ☐

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

Surname | First Name

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