



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

**SECONDARY ENTRANCE ASSESSMENT (SEA) 2025**  
**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 to 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 16<sup>th</sup> September, 2024 to Friday 25<sup>th</sup> October, 2024. 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 <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:    Gender: Male  Female

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:    Gender: Male  Female

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

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