

REGISTRATION FORM

Cambridge Assessment English

Below 18 Years Old

Please attach
your photo
here

First Name: *

Family Name: *

Date of Birth: (dd/mm/yy) / / Gender:

Address:

Email address:

Telephone 1: * ID Number:

Telephone 2: * Name of School:

Date: / / Nationality:

- *Please write your name as you want it to appear on your certificate.
- **You should be available on these numbers any time between 8.00 a.m. to 6.00 p.m.
- You need to provide a photograph and a copy of your passport/ID.

Please tick which exam you would like to register for:

Specify session date / /

<input type="checkbox"/> Young Learners <input type="checkbox"/> Pre A1 Starter <input type="checkbox"/> A1 Movers <input type="checkbox"/> Pre A2 Flyers	<input type="checkbox"/> KET for Schools <input type="checkbox"/> PET for Schools <input type="checkbox"/> FCE for Schools
<input type="checkbox"/> KET <input type="checkbox"/> PET <input type="checkbox"/> FCE <input type="checkbox"/> CAE <input type="checkbox"/> CPE	<input type="checkbox"/> DELTA Module 1

Do you have a permanent disability, such as a visual, hearing or specific learning difficulty, which requires special arrangements (for example, modified material, extra time, use of technology, etc.)?

No Yes (If Yes please specify below)

I am the parent/legal guardian of the candidate named on this form and I give consent to this person taking the Cambridge English exam selected on this form and for the date specified above. On the test day the candidate will bring a valid original Identification Document and have attached a copy to this form, and I consent to them having their photo taken by the centre on the day of the Speaking test and/or the written papers. I agree for this photo to be held on the secure Cambridge English Language Assessment Results Verification site and viewed by organisations/individuals which I authorise on behalf of the candidate.

I understand that all individuals who want to take a Cambridge English exam are required to agree to all of the Terms and Conditions (a copy of which has been provided by the centre).

By signing this form I declare that I am aware of and agree to comply with the Terms and Conditions for this exam.

Parent/Guardia Signature: _____

Candidate signature: _____

**Office
use
only**

Exam Fee: _____

Date of Payment: _____

Receipt No. : _____

Administrator's initial: _____

The British Council is committed to equal opportunities and diversity regardless of age, race, gender, marital status, disability, political opinion, or religious belief and as part of your contract with us; you undertake to comply with the British Council's Equal Opportunities Policy when taking your exam

The United Kingdom's international organisation for educational opportunities and cultural relations. We are registered in England as a charity.