



THE INTERNATIONAL SCHOOL OF PORT OF SPAIN

CONFIDENCE EXCELLENCE INTEGRITY

1 International Drive, Westmoorings, Trinidad and Tobago, W.I.
Phone: 1(868)-633-4777, Fax: (868) 632-4595, Web: www.isps.edu.tt

TRANSCRIPT REQUEST

WITH FORM 3 SCHEDULE *(IF APPLICABLE)**

TO THE PARENTS OF APPLICANTS TO GRADES 9 - 12

Please complete this form and submit it to your child's school with the blank recommendation forms in the return envelope provided. The recommendations and all records should be mailed directly to the Admission Office by the school, not returned to the family.

My child _____, is applying to enter Grade _____ at the International School of Port of Spain. Please complete the accompanying recommendations and return it in the envelopes provided with current grades for such written reports as exists for younger applicants and year-end reports for the past two years.

Signature of Parent(s) _____ Printed Name _____

Date _____

MONTH

DAY

YEAR

TO THE SCHOOL

Please submit the completed recommendation forms and school records directly to the Admission Office at the International School of Port of Spain rather than returning them to the family. If you have current recommendation forms from another school on file for this child that contains roughly the same information as is requested here, you may submit a copy of that form rather than completing this one.

Schools are advised to maintain a copy of the completed forms for approximately one month in case the envelope does not reach the Admission Office.