

Examination number	* Please do not write in this space.
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A

Name	
Date of Birth	

I will be attending a school in _____

Check an applicable box.

<p>School Name (Country/Region): _____ (_____) (Note 1)</p> <p>Period of Attendance: <u>From</u> _____ / _____ / _____ (mm/dd/yy)</p> <p style="text-align: right;"><u>To</u> _____ / _____ / _____ (mm/dd/yy)</p> <p>(Note 1) For those who attended a school in a <u>country other than</u> Australia, Canada, Ireland, New Zealand, Singapore, the United Kingdom and the United States, additional documentation may be required.</p>	
<p>(Note 2) Dual language DP not applicable</p>	<p>(Note 2)</p>

Date: _____

Signature: _____