

Passport Size Photo



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Donita

Student Middle Name(s)

Vickyan

Student Last Name

Acres

Student Gender

Female

Student Current Address

5th Street Beetham 7th House Port of Spain, North Trinidad

Residential Address

Same as Current Address.

Date of Birth

22/10/2007

Birth Certificate Pin

952813900

Religion

Pentecostal

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18683353408

Student Email

christinecallender24@gmail.com

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Beetham Estate Government (Excel Composite)

Student S.E.A Number

952813900

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Unknown

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Walk

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Zoom

Parent/Guardian Information (Mother)

Mother's Name

Christine Acres Callender

Identification Type

National Identification

Identification Number

19900829002

Mother's Home Address

Ramnath Street Malabar Arima, East Trinidad

Mother's Contact

18682641736

Mother's Profession/Job

Unemployed

Mother's Work Address

No data provided

Mother's Email Address

No data provided

Parent/Guardian Information (Father)

Father's Name

Ricardo Alexander

Identification Type

National Identification

Identification Number

19721219020

Same Home Address as Mother?

No

Father's Home Address

5th street Beetham 7th house Port Of Spain, North Trinidad

Father's Contact

18683353408

Father's Profession/Job

Painter

Father's Work Address

Same as Home Address Port of Spain, North Trinidad

Father's Email Address

christinecallender24@gmail.com

Emergency Contact Information

Emergency Contact Name

Ricardo Alexander

Relation to Student

Father

Emergency Contact

18683553408

Emergency Contact Address

5th Street Beetham 7th house Port of Spain, North Trinidad

Registrant Information

Date of Registration

15/09/2021

Registrant's relation to student

Mother

Name of Registrant

Christine Acres Callender

Proof of Guardianship

Identification Type

National Identification

No data provided

Registrant's Nationality

Trinidadian

Identification Number

19900829002

Registrant Profession

Unemployed

Registrant's Education Level

Secondary

Registrant Current Address

Ramnath Street Malabar Arima, East Trinidad TT

Registrant Contact:

18682641736

Registrant Email Address

christinecallender24@gmail.com

Do you have consistent access to a device?

Primary Device

Phone

No

Who is your internet provider?

Other



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Melick

Student Middle Name(s)

Joel Dominic

Student Last Name

Adams

Student Gender

Male

Student Current Address

Lp#109 Phase Five Beetham Gardens Lav't Port of Spain , East Trinidad

Date of Birth

22/12/2008

Residential Address

Same as Current Address.

Religion

Baptist - Spiritual

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

None Provided.

Student Email

adamsmelick@gmail.com

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Bethlehem Boys RC Primary

Student S.E.A Number

8341313952

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Blood group O

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

Yes

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Maxi-Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Marsha Adams

Identification Type

National Identification

Identification Number

19841031054

Mother's Home Address

Lp#109 Phase Five Beetham Gardens Lav't Port of Spain , East Trinidad

Mother's Contact

18683542186

Mother's Profession/Job

Coiler Operator

Mother's Work Address

Orange Grove Tacarigua Trinidad W.I East Trinidad

Mother's Email Address

khloeboss67@gmail.com

Parent/Guardian Information (Father)

Father's Name

Rudolph Marshall

Identification Type

National Identification

Same Home Address as Mother?

No

Father's Home Address

Lp#25 Foster RD William Trace Sangre Grande Sangre Grande , East Trinidad

Father's Contact

18683902238

Father's Work Address

U.W.I ST Augustine East Trinidad

Father's Email Address

rudolph_marshall97@gmail.com

Identification Number

19810823007

Father's Profession/Job

Work Shop Assistant

Emergency Contact Information

Emergency Contact Name

Judy Adams

Relation to Student

Aunt

Emergency Contact

18687666292

Emergency Contact Address

Lp#109 Phase Five Beetham Gardens Lav't Port of Spain , East Trinidad

Registrant Information

Date of Registration

10/9/2021

Name of Registrant

Marsha Adams

Identification Type

National Identification

Registrant's Nationality

Trinidad

Registrant Profession

Coiler Operator

Registrant Current Address

Lp#109 Phase Five Beetham Gardens Lav't Port of Spain , East Trinidad TT

Registrant Email Address

khloeboss67@gmail.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

19841031054

Registrant's Education Level

Primary

Registrant Contact:

18683542186

Primary Device

Phone

Do you have consistent access to a device?

No data provided

Who is your internet provider?

Flow

Passport Size Photo



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Kerina

Student Middle Name(s)

Kalya jada

Student Last Name

Alcazar

Student Gender

Female

Student Current Address

160 upper seventh avenue malick barataria Port of Spain , East Trinidad

Residential Address

Same as Current Address.

Date of Birth

23/9/2009

Birth Certificate Pin

8242353642

Religion

Pentecostal

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18683677375

Student Email

None Provided.

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Laventille girls government primary school

Student S.E.A Number

8242353642

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Blood group O

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

None

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

Yes

What mode of transport will your child/ ward be using to commute to/ from school?

Family private car

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Laptop

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Jamilla Mason John

Identification Type

National Identification

Identification Number

814843

Mother's Home Address

Upper seventh avenue malick barataria Port of Spain , East Trinidad

Mother's Contact

18683218086

Mother's Profession/Job

General production worker

Mother's Work Address

Mission road Freeport Freeport warehouse complex Chaguana , Central Trinidad

Mother's Email Address

jamillamason9@gmail.com

Parent/Guardian Information (Father)

Father's Name

Kereem Alcazar

Identification Type

National Identification

Identification Number

19821006082

Same Home Address as Mother?

No

Father's Home Address

59 preservance street red hill morvant laventille Port of Spain , North Trinidad

Father's Contact

18687277204

Father's Profession/Job

Chief security officer

Father's Work Address

44-46 south quay Port of Spain Port of Spain , North Trinidad

Father's Email Address

kereemalcazar@gmail.com

Emergency Contact Information

Emergency Contact Name

Gemma Mason

Relation to Student

Grandma

Emergency Contact

18683309518

Emergency Contact Address

Upper seventh avenue malick barataria Port of Spain , East Trinidad

Registrant Information

Date of Registration

10/9/2021

Registrant's relation to student

Mother

Name of Registrant

Jamilla Mason john

Proof of Guardianship

Identification Type

Driver's Permit

No data provided

Registrant's Nationality

Identification Number

Trinidadian

814843

Registrant Profession

Registrant's Education Level

General production worker

Tertiary

Registrant Current Address

Registrant Contact:

Upper seventh avenue malick barataria Port of Spain , North Trinidad TT

18683218086

Registrant Email Address

jamillamason9@gmail.com

Do you have consistent access to a device?

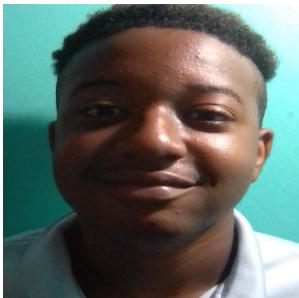
No data provided

Primary Device

Smart Phone

Who is your internet provider?

Digicel



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
ROSANO	EMMANUEL MICHAEL	ALEXANDER
Student Gender		
Male		
Student Current Address		Residential Address
FOSTER QUEVEDO ROAD BUILDING 5 APARTMENT 3-4 EAST DRY RIVER POST OF SPAIN POST OF SPAIN, EAST TRINIDAD		Same as Current Address.
Date of Birth		Birth Certificate Pin
20/1/2009		7752424643
Religion		
Anglican		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
18683325712		
Student Email		
alexandersumyyah777@gmail.com		

SEA Information

Year Student Wrote S.E.A Exam

10/6/2021

Primary School

BARATARIA ANGLICAN PRIMARY SCHOOL

Are you a Transfer Student?

No

Student S.E.A Number

38

Medical Information

Medical Complications	Complication Type	Blood Group
Yes	No data provided	Unknown
Alergies		
No		

Personal Information

Types of Boxlunch Meals to Provide

None

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Family private car

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Laptop

Is the device shared by others?

Yes

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Two (2) persons

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Microsoft Teams Zoom

Parent/Guardian Information (Mother)

Mother's Name

SUMYYAH ALEXANDER

Identification Type

National Identification

Identification Number

19871111070

Mother's Home Address

FOSTER QUEVEDO ROAD BUILDING 5 APARTMENT 3-4 EAST DRY RIVER POST OF SPAIN EAST, EAST TRINIDAD

Mother's Contact

18683325712

Mother's Profession/Job

NONE

Mother's Work Address

No data provided

Mother's Email Address

No data provided

Parent/Guardian Information (Father)**Father's Name**

NICHOLAS ALEXANDER

Identification Type

Driver's Permit

Identification Number

1069541T

Same Home Address as Mother?

Yes

Father's Home Address

No data provided

Father's Contact

18683565164

Father's Profession/Job

SOLDIER

Father's Work Address

WESTERN MAIN ROAD CHAGUARAMAS CHAGUARAMAS, WEST TRINIDAD

Father's Email Address

alexandersumyyah777@gmail.com

Emergency Contact Information**Emergency Contact Name**

GERALDINE ALEXANDER

Relation to Student

GRANDMA

Emergency Contact

18683952014

Emergency Contact Address

395 - 2014 FOSTER QUEVEDO ROAD BUILDING 5 APARTMENT 3-4 EAST DRY RIVER POST OF SPAIN PORT OF SPAIN, EAST TRINIDAD

Registrant Information**Date of Registration**

10/9/2021

Registrant's relation to student

Mother

Name of Registrant

SUMYYAH ALEXANDER

Proof of Guardianship**Identification Type**

National Identification

No data provided

Registrant's Nationality

TRINIDADIAN

Identification Number

19871111070

Registrant Profession

None

Registrant's Education Level

Secondary

Registrant Current Address

FOSTER QUEVEDO ROAD BUILDING 5 APARTMENT 3-4 ESAT DRY RIVER POST OF SPAIN PORT OF SPAIN, ESAT TRINIDAD TT

Do you have consistent access to a device?

alexandersumyyah777@gmail.com

No data provided

Primary Device

Phone

Who is your internet provider?

Digicel



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
Jasmine		Alexis
Student Gender		
Female		
Student Current Address		Residential Address
#23A Beetham Gardens Highway Sealots, North Trinidad		Same as Current Address.
Date of Birth		Birth Certificate Pin
22/9/2007		7662513124
Religion		
Pentecostal		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
18683000000		
Student Email		
None Provided.		

SEA Information

Year Student Wrote S.E.A Exam	Student S.E.A Number
1/7/2021	
Primary School	
Laventille Girls' Government	7662513124
Are you a Transfer Student?	
No	

Medical Information

Medical Complications	Complication Type	Blood Group
Yes	Asthma	Blood group B
Alergies		
No		

Personal Information

Types of Boxlunch Meals to Provide

None

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

No

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Have no device

Is the device shared by others?

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Would you be collecting student learning packages at the school?

Yes

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Tricia Dailey

Identification Type

National Identification

Identification Number

19851120067

Mother's Home Address

#23A Beetham Gardens Highway Sealots, North Trinidad

Mother's Contact

18687092570

Mother's Profession/Job

MTS Ministry of Education

Mother's Work Address

St. Vincent Street Port of Spain, North Trinidad

Mother's Email Address

noemail@gmail.com

Parent/Guardian Information (Father)

Father's Name

Hashim Alexis

Identification Type

National Identification

Same Home Address as Mother?

No

Father's Home Address

#21A Concession Drive Sealots, North Trinidad

Father's Contact

18683613462

Father's Work Address

SPESICON Port of Spain, North Trinidad

Father's Email Address

noemail@gmail.com

Identification Number

No data provided

Father's Profession/Job

Underwater Wielder

Emergency Contact Information

Emergency Contact Name

Wendy Alexis

Relation to Student

Grand Mother

Emergency Contact

18687746061

Emergency Contact Address

#21 Concession Drive Sealots, North Trinidad

Registrant Information

Date of Registration

15/09/2021

Name of Registrant

Tricia Dailey

Identification Type

National Identification

Registrant's Nationality

Trinidadian

Registrant Profession

Cleaner MTS

Registrant Current Address

#23A Beetham Gardens Highway Sealots, North Trinidad TT

Registrant Email Address

noemail@gmail.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

19851120067

Registrant's Education Level

Secondary

Registrant Contact:

18687092578

Primary Device

Phone

Do you have consistent access to a device?

Yes

Who is your internet provider?

TSTT/ Bmobile



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
Jordan	Joshua	Alexis
Student Gender		
Male		
Student Current Address		Residential Address
#51 Chinapoo Village Morvat Laventille, North		Same as Current Address.
Date of Birth		Birth Certificate Pin
23/12/2007		721180220
Religion		
Jehovah Witness		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
None Provided.		
Student Email		
None Provided.		

SEA Information

Year Student Wrote S.E.A Exam	Student S.E.A Number
1/7/2021	
Primary School	
Chinapoo Government	721180220
Are you a Transfer Student?	
No	

Medical Information

Medical Complications	Complication Type	Blood Group
Yes	Asthma	Unknown
Alergies		
No		

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Zoom

Parent/Guardian Information (Mother)

Mother's Name

Alicia Parris

Identification Type

National Identification

Identification Number

19740827049

Mother's Home Address

#51 Chinapoo Morvant, North

Mother's Profession/Job

Mother's Contact

18683592853

Supervisor at Hot Shots Roti shop

Mother's Work Address

#158 Mucarapo Road St.James, North

Mother's Email Address

none@gmail.com

Parent/Guardian Information (Father)

Father's Name

Alexis Ricky

Identification Type

National Identification

Same Home Address as Mother?

No

Father's Home Address

New Village Point Fortin, South

Father's Contact

18683454246

Father's Work Address

No data provided

Father's Email Address

none@gmail.com

Identification Number

Not available

Father's Profession/Job

Mason

Emergency Contact Information

Emergency Contact Name

Rebecca Hernandez

Relation to Student

Sister

Emergency Contact

18683585603

Emergency Contact Address

School Street Carenage Caranage , West

Registrant Information

Date of Registration

10/9/2021

Name of Registrant

Alicia Parris

Identification Type

National Identification

Registrant's Nationality

Trinidad

Registrant Profession

Supervisor at Hot Shot Roti shop

Registrant Current Address

#51Chinapoo Morvant, North TT

Registrant Email Address

none@gmail.com

Registrant's relation to student

Father

Proof of Guardianship

No data provided

Identification Number

19740827049

Registrant's Education Level

Secondary

Registrant Contact:

18683592853

Do you have consistent access to a device?

No data provided

Who is your internet provider?

Flow

Primary Device

Smart Phone



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
MELINA		ALI
Student Gender		
Female		
Student Current Address		Residential Address
LADY YOUNG ROAD MORVANT PORT OF SPAIN, SAN JUAN / LAVENTILLE		Same as Current Address.
Date of Birth		Birth Certificate Pin
30/3/2008		148382692
Religion		
Muslim (TML)		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
18682727782		
Student Email		
None Provided.		

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

CHINAPOO GOVERNMENT

Are you a Transfer Student?

No

Student S.E.A Number

148382692

Medical Information

Medical Complications	Complication Type	Blood Group
Yes	Asthma, Problem with heart when asthma acts up	Unknown
Alergies		
No		

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

No

Does your child/ ward have reliable internet access?

No

What is the device being used by your child/ ward to do online classes?

Have no device

Is the device shared by others?

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Would you be collecting student learning packages at the school?

Yes

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Zoom

Parent/Guardian Information (Mother)

Mother's Name

Nayline Rampersad

Identification Type

National Identification

Identification Number

19870111046

Mother's Home Address

LADY YOUNG RD. MORVANT PORT-OF-SPAIN, SAN JUAN/LAVENTILLE REGION

Mother's Contact

18682727782

Mother's Profession/Job

SELF- EMPLOYED (HOME SHOP)

Mother's Work Address

No data provided

Mother's Email Address

No data provided

Parent/Guardian Information (Father)

Father's Name

JAMAL ALI

Identification Type

National Identification

Identification Number

19830831074

Same Home Address as Mother?

No

Father's Home Address

SAN JUAN LAVENTILLE RD. PORT-OF- SPAIN, SAN JUAN/ LAVENTILLE REGION

Father's Contact

18683206097

Father's Profession/Job

VENDOR

Father's Work Address

PORT-OF -SPAIN MARKET PORT-OF-SPAIN, PORT-OF-SPAIN

Father's Email Address

test@gmail.com

Emergency Contact Information

Emergency Contact Name

NAYLINE RAMPERSAD

Relation to Student

MOTHER

Emergency Contact

18682727782

Emergency Contact Address

MORVANT, LADY YOUNG RD. PORT-Of-SPAIN, SAN JUAN/ LAVENTILLE

Registrant Information

Date of Registration

20/09/2021

Registrant's relation to student

Mother

Name of Registrant

NAYLINE RAMPERSAD

Proof of Guardianship

Identification Type

National Identification

No data provided

Registrant's Nationality

Identification Number

TRINIDADIAN

19870111046

Registrant Profession

Registrant's Education Level

SELF- EMPLOYED

Secondary

Registrant Current Address

Registrant Contact:

MORVANT, LADY YOUNG RD. PORT-OF-SPAIN, SAN-JUAN/ LAVENTILLE TT

18682727782

Registrant Email Address

Do you have consistent access to a device?

test@gmail.com

No

Primary Device

Who is your internet provider?

Phone

Digicel

Passport Size Photo



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Aria

Student Middle Name(s)

Saphira Joanne

Student Last Name

Anthony

Student Gender

Female

Student Current Address

#19 Laventille Road East Dry River Port of Spain, North

Residential Address

Same as Current Address.

Date of Birth

26/2/2007

Birth Certificate Pin

4459462463

Religion

Pentecostal

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18683946815

Student Email

ariaanthony12@gmail.com

SEA Information

Year Student Wrote S.E.A Exam

1/6/2021

Primary School

Gloster Lodge Moravian

Student S.E.A Number

4459462463

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Blood group O

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

Yes

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Family private car

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Jolanda Anthony

Identification Type

National Identification

Identification Number

19791127012

Mother's Home Address

#19 Laventille East Dry River Port of Spain, North

Mother's Contact

18687160905

Mother's Profession/Job

Nailtech

Mother's Work Address

Duke Street Port of Spain, North

Mother's Email Address

jolandaa@yahoo.com

Parent/Guardian Information (Father)

Father's Name

Morgan Anthony

Identification Type

National Identification

Same Home Address as Mother?

Yes

Father's Home Address

No data provided

Father's Contact

18687160905

Father's Work Address

No data provided

Father's Email Address

none@gmail.com

Identification Number

No data provided

Father's Profession/Job

Deceased

Emergency Contact Information

Emergency Contact Name

Nathaniel Anthony

Relation to Student

Brother

Emergency Contact

18687152495

Emergency Contact Address

#19 East Dry River Port of Spain, North

Registrant Information

Date of Registration

10/9/2021

Name of Registrant

Jolanda Anthony

Identification Type

National Identification

Registrant's Nationality

Trinidad

Registrant Profession

Nail Technician

Registrant Current Address

#19 East Dry River Port of Spain, North TT

Registrant Email Address

jolandaa@yahoo.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

19791127012

Registrant's Education Level

Secondary

Registrant Contact:

18687160905

Do you have consistent access to a device?

No data provided

Who is your internet provider?

Digicel

Primary Device

Smart Phone

Passport Size Photo



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Mickela

Student Middle Name(s)

Mia

Student Last Name

Antoine

Student Gender

Female

Student Current Address

17 Pleasance Terrace, Foster Road Port of Spain, North Trinidad

Residential Address

Same as Current Address.

Date of Birth

9/6/2009

Birth Certificate Pin

3150464713

Religion

Pentecostal

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

None Provided.

Student Email

None Provided.

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Nelson Street Girl's RC

Student S.E.A Number

3150464713

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Blood group O

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Lunch only

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

Yes

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Two (2) persons

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

Google classroom Zoom

Parent/Guardian Information (Mother)

Mother's Name

Stacy Miller

Identification Type

National Identification

Mother's Home Address

same as student Port of Spain , North Trinidad

Mother's Contact

18687284064

Mother's Work Address

same as student

Mother's Email Address

stacymiller206@gmail.com

Identification Number

19791107029

Mother's Profession/Job

Self Employed

Parent/Guardian Information (Father)

Father's Name

Mitchum Antoine

Identification Type

National Identification

Same Home Address as Mother?

Yes

Father's Home Address

No data provided

Father's Contact

18683859835

Father's Work Address

same as student Port of Spain , North Trinidad

Father's Email Address

someone1@gmail.com

Identification Number

19751209***

Father's Profession/Job

Driver

Emergency Contact Information

Emergency Contact Name

Baron Williams

Relation to Student

Godfather

Emergency Contact

18687275694

Emergency Contact Address

Marcano Quarry Port of Spain , North Trinidad

Registrant Information

Date of Registration

15/09/2021

Name of Registrant

Stacy Miller

Identification Type

National Identification

Registrant's Nationality

Trinidadian

Registrant Profession

Self employed

Registrant Current Address

same as student Port of Spain , North Trinidad TT

Registrant Email Address

stacymiller206@gmail.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

19791107029

Registrant's Education Level

Primary

Registrant Contact:

18687284064

Do you have consistent access to a device?

Yes

Who is your internet provider?

Digicel

Primary Device

Smart Phone



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Britney

Student Middle Name(s)

Jenicia Jenel

Student Last Name

Antoine

Student Gender

Female

Student Current Address

#24C Pashley Street Laventille Port Of Spain, North Trinidad

Residential Address

Same as Current Address.

Date of Birth

2/11/2008

Birth Certificate Pin

4224141830

Religion

Baptist - Spiritual

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18683517467

Student Email

natashaantoine729@gmail.com

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Laventille girls' government School

Student S.E.A Number

4224141830

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Unknown

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Family private car

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Natasha Antoine

Identification Type

National Identification

Identification Number

19810330081

Mother's Home Address

#24C Pashley Street Laventille Port Of Spain, North Trinidad

Mother's Contact

18683517467

Mother's Profession/Job

Chef

Mother's Work Address

Old St Joseph Road Laventille Laventille Port Of Spain, North Trinidad

Mother's Email Address

natashaantoine729@gmail.com

Parent/Guardian Information (Father)

Father's Name

Lenox William

Identification Type

Passport

Identification Number

19621127081

Same Home Address as Mother?

No

Father's Home Address

#23 Morne Coco Road Petit Valley Port of Spain, North Trinidad

Father's Contact

18683858374

Father's Profession/Job

unknown

Father's Work Address

No data provided

Father's Email Address

email@gmail.com

Emergency Contact Information

Emergency Contact Name

Loretta Antoine

Relation to Student

Aunt

Emergency Contact

18683987683

Emergency Contact Address

#28 Walcott Lane Belmont Port of Spain, North Trinidad

Registrant Information

Date of Registration

10/9/2021

Registrant's relation to student

Mother

Name of Registrant

Natasha Cherry-Ann Antoine

Proof of Guardianship

Identification Type

National Identification

No data provided

Registrant's Nationality

Trinidadian

Identification Number

19810330081

Registrant Profession

Chef

Registrant's Education Level

Secondary

Registrant Current Address

Laventille Laventille Port of Spain, North Trinidad TT

Registrant Contact:

18683517467

Registrant Email Address

natasheantoine729@gmail.com

Do you have consistent access to a device?

No data provided

Primary Device

Phone

Who is your internet provider?

TSTT/ Bmobile



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
Soriya	Shiann	Antoine
Student Gender		
Female		
Student Current Address		Residential Address
Upper Covigne Road Spaniol Ext, Diego Martin Port of Spain, North Trinidad		Same as Current Address.
Date of Birth		Birth Certificate Pin
6/8/2008		3063574514
Religion		
Other		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
18687593841		
Student Email		
email@gmail.com		

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Diego Martin Girls' RC

Are you a Transfer Student?

No

Student S.E.A Number

3063574514

Medical Information

Medical Complications	Complication Type	Blood Group
Yes	Chronic Asthma	Unknown
Alergies	Type of Alergies	
Yes	dust	

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Maxi-Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

No

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Aritha St Hilaire

Identification Type

National Identification

Identification Number

19820204043

Mother's Home Address

Same as above Same as above Port of Spain, North Trinidad

Mother's Contact

18687596479

Mother's Profession/Job

house keeper

Mother's Work Address

Gaspree Island

Mother's Email Address

bernadette_arithas@yahoo.com

Parent/Guardian Information (Father)

Father's Name

Fekade Antoine

Identification Type

National Identification

Identification Number

N/A

Same Home Address as Mother?

No

Father's Home Address

500 Chaguanas Chaguanas Chaguanas, Central Trinidad

Father's Contact

18683553568

Father's Profession/Job

N/Aemail@gmail.com

Father's Work Address

No data provided

Father's Email Address

email@gmail.com

Emergency Contact Information

Emergency Contact Name

David St Bernaird

Emergency Contact

Relation to Student

uncle

18683318492

Emergency Contact Address

Upper Covigne Road Spaniol Ext Diego Martin Port of Spain, North trinidad

Registrant Information

Date of Registration

10/9/2021

Registrant's relation to student

Name of Registrant

Aritha St Hilaire

Mother

Identification Type

National Identification

Proof of Guardianship

Registrant's Nationality

Trinidadian

No data provided

Registrant Profession

House keeper

Identification Number

Registrant Current Address

Same as above Same as above Port of Spain, North Trinidad TT

19820204043

Registrant Email Address

bernadette_arithas@yahoo.com

Registrant's Education Level

Primary Device

Tablet

Primary

Registrant Contact:

18687596479

No data provided

Who is your internet provider?

Digicel



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Kereem

Student Gender

Male

Student Current Address

#2A 19th Street Beetham Gardens Port of Spain, North Trinidad

Date of Birth

25/7/2008

Religion

Baptist - Spiritual

Country of Birth

Trinidad and Tobago

Student Middle Name(s)

Nationality

Trinidadian

Student Last Name

Antoine

Residential Address

Same as Current Address.

Birth Certificate Pin

1126130630

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18683342294

Student Email

None Provided.

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Hokett Baptiste Primary

Student S.E.A Number

1126130630

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Unknown

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Lunch only

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Personal Computer (PC)/ Desktop

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

Google classroom Microsoft Teams Zoom

Parent/Guardian Information (Mother)

Mother's Name

Sharon antoine

Identification Type

National Identification

Identification Number

19720921032

Mother's Home Address

#2A 19th Street Beetham Gardens Port of Spain, North Trinidad

Mother's Contact

18683342294

Mother's Profession/Job

General Worker

Mother's Work Address

Beetham Landfill Beetham Port of Spain, North Trinidad

Mother's Email Address

email@gmail.com

Parent/Guardian Information (Father)

Father's Name

N/A N/A

Identification Type

National Identification

Identification Number

N/A

Same Home Address as Mother?

No

Father's Home Address

N/A N/A N/A, N/A

Father's Contact

18683333333

Father's Profession/Job

N/A

Father's Work Address

No data provided

Father's Email Address

email@gmail.com

Emergency Contact Information

Emergency Contact Name

Keshawn Antoine

Emergency Contact

Relation to Student

18683342294

Brother

Emergency Contact Address

#2A 19th Street Beetham Gardens Port of Spain, North Trinidad

Registrant Information

Date of Registration

10/9/2021

Registrant's relation to student

Name of Registrant

Mother

Sharon Antoine

Proof of Guardianship

Identification Type

No data provided

National Identification

Identification Number

Registrant's Nationality

19720921032

Trinidadian

Registrant's Education Level

Registrant Profession

Primary

General Worker

Registrant Contact:

Registrant Current Address

18683342294

Same as above Same as above Port of Spain, North Trinidad TT

Registrant Email Address

Do you have consistent access to a device?

email@gmail.com

No data provided

Primary Device

Who is your internet provider?

Personal Computer (PC)/ Desktop

Flow



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Leano

Student Gender

Male

Student Current Address

BLDG3 Apt.3-3 Plaisance Terrace Foster Road Laventille, North Trinidad

Date of Birth

1/10/2008

Religion

Roman Catholic (RC)

Country of Birth

Trinidad and Tobago

Student Middle Name(s)
Nationality

Trinidadian

Student Last Name

Badal

Residential Address

Same as Current Address.

Birth Certificate Pin

2559493263

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18687700648

Student Email

leanobabal8@gmail.com

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Moulton Hall Methodist

Student S.E.A Number

2559493263

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Unknown

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

None

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Family private car

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Personal Computer (PC)/ Desktop

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Bridget Job

Identification Type

National Identification

Identification Number

N/A

Mother's Home Address

N/A N/A, N/A

Mother's Contact

18683371234

Mother's Profession/Job

Cashier

Mother's Work Address

No data provided

Mother's Email Address

No data provided

Father's Name

Lester Badal

Identification Type

Driver's Permit

Identification Number

738548

Same Home Address as Mother?

No

Father's Home Address

BLDG 3 APT.3-3Plaisance Terrace Foster Road Laventille, North Trinidad

Father's Contact

18687824858

Father's Profession/Job

Air Condition Technician

Father's Work Address

Eastern Main Road Laventille Port Of Spain, North Trinidad

Father's Email Address

lbpresteigeno1@gmail.com

Emergency Contact Information

Emergency Contact Name

Stephen Badal

Relation to Student

Uncle

Emergency Contact

18683505925

Emergency Contact Address

#11 Saddle Road Sebeau Village San Juan, North Trinidad

Registrant Information

Date of Registration

10/9/2021

Registrant's relation to student

Father

Name of Registrant

Lester Badal

Proof of Guardianship

Identification Type

Driver's Permit

No data provided

Registrant's Nationality

Trinidadian

Identification Number

738548

Registrant Profession

Air Condition Tecnician

Registrant's Education Level

Secondary

Registrant Current Address

BLDG. 3 Apt 3-3 Plaisance Terrace Foster Road Laventille, North Trinidad TT

Registrant Contact:

18687824858

Registrant Email Address

lbpresteigeno1@gmail.com

Do you have consistent access to a device?

No data provided

Primary Device

Smart Phone

Who is your internet provider?

Flow



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
Althia	Naomi	Baird
Student Gender		
Female		
Student Current Address		Residential Address
5 Leotaud Street Laventille Port of Spain, East Trinidad		Same as Current Address.
Date of Birth		Birth Certificate Pin
29/5/2008		3550413273
Religion		
Roman Catholic (RC)		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
None Provided.		
Student Email		
None Provided.		

SEA Information

Year Student Wrote S.E.A Exam	Student S.E.A Number
1/7/2021	
Primary School	
Laventille Girls' Government Primary School	3550413273

Are you a Transfer Student?
No

Medical Information

Medical Complications	Blood Group	Alergies
No	Unknown	No

Personal Information

Types of Boxlunch Meals to Provide

None

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Family private car

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

Yes

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Two (2) persons

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Crystal Baird

Identification Type

National Identification

Mother's Home Address

5 Leotaud Street Laventille Port of Spain, East Trinidad

Mother's Contact

18687407387

Mother's Work Address

No data provided

Mother's Email Address

No data provided

Identification Number

19890831015

Mother's Profession/Job

Housekeeping

Parent/Guardian Information (Father)

Father's Name

Marlon Baird

Identification Type

Driver's Permit

Same Home Address as Mother?

Yes

Father's Home Address

No data provided

Father's Contact

18683412831

Father's Work Address

Port of Spain, East Trinidad

Father's Email Address

seonbaird17@gmail.com

Identification Number

977655 E

Father's Profession/Job

Warehouse supervisor

Emergency Contact Information

Emergency Contact Name

Marlon Baird

Relation to Student

Father

Emergency Contact

18683412831

Emergency Contact Address

5 Leotaud Street Laventille Port of Spain, East Trinidad

Registrant Information

Date of Registration

12/9/2021

Name of Registrant

Crystal Baird

Identification Type

National Identification

Registrant's Nationality

Trinidadian

Registrant Profession

Houskeeping

Registrant Current Address

5 Leotaud Street Laventille Port of Spain, Trinidad TT

Registrant Email Address

crystal.baird58@gmail.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

19890831015

Registrant's Education Level

Secondary

Registrant Contact:

18687407387

Primary Device

Smart Phone

Do you have consistent access to a device?

Yes

Who is your internet provider?

TSTT/ Bmobile



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Isaac Joseph Baker

Student Gender

Male

Student Current Address

Lp69 Trou Macque Rd. Laventille Port of Spain , North Trinidad

Residential Address

Same as Current Address.

Date of Birth

10/7/2009

Birth Certificate Pin

0

Religion

Pentecostal

Country of Birth

Trinidad and Tobago Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

None Provided.

Student Email

None Provided.

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Eastern Boys Government

Student S.E.A Number

1348343652

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Unknown

Alergies

Yes

Type of Alergies

Sinus

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

No

What is the device being used by your child/ ward to do online classes?

Phone

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Zoom

Parent/Guardian Information (Mother)

Mother's Name

Samantha Baker

Identification Type

National Identification

Identification Number

No data provided

Mother's Home Address

same as student Port of Spain , North Trinidad

Mother's Contact

18687602414

Mother's Profession/Job

Seamstress

Mother's Work Address

Janouras Port of Spain , North Trinidad

Mother's Email Address

someone@gmail.com

Parent/Guardian Information (Father)

Father's Name

Nigel Baker

Identification Type

Driver's Permit

Same Home Address as Mother?

Yes

Father's Home Address

No data provided

Father's Contact

18683663822

Father's Work Address

1 Avenue Trincity Port of Spain , North Trinidad

Father's Email Address

nigelbaker260@gmail.com

Identification Number

1061820

Father's Profession/Job

Maintenance

Emergency Contact Information

Emergency Contact Name

Soney Phillip

Relation to Student

Neighbor

Emergency Contact

18683663822

Emergency Contact Address

same as student Port of Spain , North Trinidad

Registrant Information

Date of Registration

15/09/2021

Name of Registrant

Nigel Baker

Identification Type

Driver's Permit

Registrant's Nationality

Trinidadian

Registrant Profession

Maintenance

Registrant Current Address

same as student Port of Spain , North Trinidad TT

Registrant Email Address

nigelbaker260@gmail.com

Registrant's relation to student

Father

Proof of Guardianship

No data provided

Identification Number

1061820

Registrant's Education Level

Primary

Registrant Contact:

18683663822

Primary Device

Smart Phone

Do you have consistent access to a device?

Yes

Who is your internet provider?

Digicel



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Carlene

Student Middle Name(s)

Princess

Student Last Name

Balfour

Student Gender

Female

Student Current Address

188 Laventille Road Port Of Spain, Trinidad

Residential Address

Same as Current Address.

Date of Birth

20/8/2007

Birth Certificate Pin

0

Religion

Baptist - Spiritual

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18683630483

Student Email

None Provided.

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Our Lady of Laventille R.C. School

Student S.E.A Number

4954462913

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Unknown

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

No

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Have no device

Is the device shared by others?

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Would you be collecting student learning packages at the school?

No

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Microsoft Teams

Parent/Guardian Information (Mother)

Mother's Name

Camelita Bowen

Identification Type

National Identification

Identification Number

No data provided

Mother's Home Address

Laventille Road P.O.S., Trinidad

Mother's Profession/Job

Mother's Contact

18683028410

Caretaker

Mother's Work Address

72A Piccadilly Street P.O.S., Trinidad

Mother's Email Address

unknown@unknown.com

Parent/Guardian Information (Father)

Father's Name

Carlton Balfour

Identification Type

National Identification

Same Home Address as Mother?

No

Father's Home Address

188 Laventille Road P.O.S., Trinidad

Father's Contact

18683949332

Father's Work Address

National Carnival Commission

Father's Email Address

bcarlton156@gmail.com

Identification Number

19650128044

Father's Profession/Job

Electrician

Emergency Contact Information

Emergency Contact Name

Eddie Balfour

Relation to Student

Uncle

Emergency Contact

18683000000

Emergency Contact Address

188 Laventille Road P.O.S., Trinidad

Registrant Information

Date of Registration

15/09/2021

Name of Registrant

Carlton Balfour

Identification Type

National Identification

Registrant's Nationality

Tobagonian

Registrant Profession

Electrician

Registrant Current Address

188 Laventille Road P.O.S., Trinidad TT

Registrant Email Address

unknow@unknown.com

Registrant's relation to student

Father

Proof of Guardianship

No data provided

Identification Number

19650128044

Registrant's Education Level

Secondary

Registrant Contact:

18683949332

Do you have consistent access to a device?

Yes

Who is your internet provider?

TSTT/ Bmobile

Primary Device

Phone



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Jaiden

Student Middle Name(s)

Jerrymiah Jumoke

Student Last Name

Baptiste

Student Gender

Male

Student Current Address

Block 22 Point Pleasant Park Laventille, North Trinidad

Residential Address

Same as Current Address.

Date of Birth

4/3/2008

Birth Certificate Pin

8363594474

Religion

Baptist - Spiritual

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

None Provided.

Student Email

None Provided.

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Rosary Boys RC

Student S.E.A Number

8363594474

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Blood group A

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

None

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Walk

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Microsoft Teams Zoom

Parent/Guardian Information (Mother)

Mother's Name

Melissa Baptiste

Identification Type

National Identification

Identification Number

19840414006

Mother's Home Address

Block 22 Point Pleasant Park Laventille, North Trinidad

Mother's Contact

18684891381

Mother's Profession/Job

Unemployed

Mother's Work Address

same as above North Trinidad

Mother's Email Address

melissabaptiste1000@gmail.com

Parent/Guardian Information (Father)

Father's Name

john doe

Identification Type

National Identification

Same Home Address as Mother?

No

Father's Home Address

no name no name, North Trinidad

Father's Contact

18687850102

Father's Work Address

No data provided

Father's Email Address

someone@gmail.com

Identification Number

1.11111E+13

Father's Profession/Job

none available

Emergency Contact Information

Emergency Contact Name

Andrea Baker

Relation to Student

Grandmother

Emergency Contact

18684642934

Emergency Contact Address

Block 22 Point Pleasant Park Laventille, North Trinidad

Registrant Information

Date of Registration

15/09/2021

Name of Registrant

Melissa Baptiste

Identification Type

National Identification

Registrant's Nationality

Trinidadian

Registrant Profession

Unemployed

Registrant Current Address

Block 22 Point Pleasant Park Laventille, North Trinidad AF

Registrant Email Address

melissabaptiste1000@gmail.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

19840414006

Registrant's Education Level

Secondary

Registrant Contact:

18684891381

Primary Device

Phone

Do you have consistent access to a device?

No

Who is your internet provider?

Flow

Passport Size Photo



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Joshua

Student Middle Name(s)

Jason Jayden

Student Last Name

Baptiste

Student Gender

Male

Student Current Address

Lp# 61A Upper 7th Avenue Malick Barataria , North Trinidad

Residential Address

Same as Current Address.

Date of Birth

7/12/2007

Birth Certificate Pin

5434221511

Religion

Pentecostal

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18683852500

Student Email

joshuabaptiste002@gmail.com

SEA Information

Year Student Wrote S.E.A Exam

10/6/2021

Primary School

St Dominic's R.C school

Student S.E.A Number

5434221511

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Unknown

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

No

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Have no device

Is the device shared by others?

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Would you be collecting student learning packages at the school?

Yes

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Zoom

Parent/Guardian Information (Mother)

Mother's Name

Rudi Perkins

Identification Type

National Identification

Identification Number

19860906060

Mother's Home Address

Lp# 61A Upper 7th Avenue Malick Barataria , North trinidad

Mother's Contact

18683852500

Mother's Profession/Job

Female labourer

Mother's Work Address

Ministry of works and transport Curepe , North trinidad

Mother's Email Address

perkinsrudi001@gmail.com

Father's Name

Jason Baptiste

Identification Type

National Identification

Same Home Address as Mother?

No

Father's Home Address

31 bagatelle #2 Tobago , Tobago

Father's Contact

18684682408

Father's Work Address

Jobe street Zion hill belle garden tobago Belle Garden, Tobago

Father's Email Address

jacebaptiste04@gmail.com

Identification Number

19830904058

Father's Profession/Job

Roofman

Emergency Contact Information

Emergency Contact Name

Catherine Perkins

Relation to Student

Grandmother

Emergency Contact

18683692131

Emergency Contact Address

Lp# 61A Upper 7th Avenue Malick Barataria , North

Registrant Information

Date of Registration

10/9/2021

Name of Registrant

Rudi Perkins

Identification Type

National Identification

Registrant's Nationality

Trinidadian

Registrant Profession

Female labourer

Registrant Current Address

? ?, ? TT

Registrant Email Address

perkinsrudi001@gmail.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

19860906060

Registrant's Education Level

Tertiary

Registrant Contact:

18683852500

Primary Device

Phone

Do you have consistent access to a device?

No data provided

Who is your internet provider?

Digicel



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

zariel

Student Gender

Female

Student Current Address

#15 17A Street Beetham Gardens Port of Spain, North Trinidad

Date of Birth

9/12/2008

Religion

Other

Country of Birth

Trinidad and Tobago

Student Middle Name(s)
Nationality

Trinidadian

Student Last Name

Baptiste

Residential Address

Same as Current Address.

Birth Certificate Pin

6740393782

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18684770887

Student Email

zarielbaptiste0@gmail.com

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Mucarapo Girls' RC

Student S.E.A Number

6740393782

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Blood group AB

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Breakfast only

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

Yes

What mode of transport will your child/ ward be using to commute to/ from school?

Maxi-Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Edmodo Microsoft Teams Google Meet

Parent/Guardian Information (Mother)

Mother's Name

Afia Zola Marcelle-Baptiste

Identification Type

National Identification

Identification Number

1.98E+11

Mother's Home Address

#15 17A Beetham Gardens Laventille Port of Spain, North Trinidad

Mother's Contact

18684770887

Mother's Profession/Job

Sale Clerk

Mother's Work Address

Lower 6th Avenue Barataria North Trinidad

Mother's Email Address

afaibaptiste1@gmail.com

Parent/Guardian Information (Father)

Father's Name

Dwayne Baptiste

Identification Type

National Identification

Identification Number

19762511031

Same Home Address as Mother?

No

Father's Home Address

Mayo Road, Mayo White Land San Fernando, South Trinidad

Father's Contact

18683371003

Father's Profession/Job

Bell and hopper Attendant at TCL

Father's Work Address

Claxton Bay South Trinidad

Father's Email Address

seondwayne@yahoo.com

Emergency Contact Information

Emergency Contact Name

Stara Marcelle

Relation to Student

Aunt

Emergency Contact

18682732518

Emergency Contact Address

#15 17 A Beetham Gardens Beetham, North trinidad

Registrant Information

Date of Registration

10/9/2021

Registrant's relation to student

Mother

Name of Registrant

Afia Zola Baptiste

Proof of Guardianship

Identification Type

National Identification

No data provided

Registrant's Nationality

Trinidadian

Identification Number

19800418016

Registrant Profession

Sales Clerk

Registrant's Education Level

Secondary

Registrant Current Address

Registrant Contact:

#15 17A Beetham Garden Beetham , North trinidad TT

18684770887

Registrant Email Address

afiabaptiste1@gmail.com

Do you have consistent access to a device?

No data provided

Primary Device

Phone

Who is your internet provider?

Digicel



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
Malachi	Michael Jahmarley	Baptiste
Student Gender		
Male		
Student Current Address		Residential Address
#49 Phase 4 Bentham Gardens Lavantille Port of Spain, North Trinidad		#49 Phase 4 Bentham Gardens Lavantille Port of Spain, North Trinidad
Date of Birth		Birth Certificate Pin
22/2/2008		7523110950
Religion		Immigration Status
Baptist - Spiritual		N/A
Country of Birth	Nationality	
Trinidad and Tobago	Trinidadian	
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
18683938877		
Student Email		
tiffanypaul005@gmail.com		

SEA Information

Year Student Wrote S.E.A Exam	Student S.E.A Number
1/7/2021	
Primary School	
Nelson Street Boy's	7523110950

Are you a Transfer Student?
No

Medical Information

Medical Complications	Complication Type	Blood Group
Yes	Asthmatic	Blood group B
Alergies		
No		

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Zoom

Parent/Guardian Information (Mother)

Mother's Name

Shannon Paul

Identification Type

National Identification

Identification Number

19851127051

Mother's Home Address

#49 Phase 4 Beetham Garden's Lavantille Same Port of Spain, North Trinidad

Mother's Contact

18683938877

Mother's Profession/Job

Cooking

Mother's Work Address

Self employed #49 Phase 4 Beetham Gardens Lavantille Same, North Trinidad

Mother's Email Address

tiffanypaul005@gmail.com

Parent/Guardian Information (Father)

Father's Name

Kern Cudjoe

Identification Type

National Identification

Identification Number

19800923071

Same Home Address as Mother?

Yes

Father's Home Address

No data provided

Father's Contact

18683185433

Father's Profession/Job

Barbering

Father's Work Address

Same as above Port of Spain , North Trinidad

Father's Email Address

kern.cudjoe@gmail.com

Emergency Contact Information

Emergency Contact Name

Shannon Paul

Relation to Student

Mother

Emergency Contact

18683938877

Emergency Contact Address

#49 Phase 4 Beetham Garden's Lavantille Same as above Port of Spain, North Trinidad

Registrant Information

Date of Registration

10/9/2021

Registrant's relation to student

Mother

Name of Registrant

Malachi Baptiste

Proof of Guardianship

Identification Type

No data provided

National Identification

Identification Number

Registrant's Nationality

19851127051

Trinidadian

Registrant's Education Level

Registrant Profession

Secondary

Cooking

Registrant Contact:

Registrant Current Address

18683938877

#49 Phase 4 Beetham Gardens Lavantille Same Port of Spain, North Trinidad TT

Registrant Email Address

Do you have consistent access to a device?

tiffanypaul005@gmail.com

No data provided

Primary Device

Who is your internet provider?

Tablet

TSTT/ Bmobile



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Deon

Student Middle Name(s)

Janomy

Student Last Name

Bobb

Student Gender

Male

Student Current Address

#21 A Beetham Highway, Sealots Port Of Spain, South Port Of Spain

Residential Address

Same as Current Address.

Date of Birth

25/4/2009

Birth Certificate Pin

5554494553

Religion

Baptist - Spiritual

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18687070869

Student Email

None Provided.

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Eastern Boys Government Primary School

Student S.E.A Number

5554494553

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group
Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Bus

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

No

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Have no device

Is the device shared by others?

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Would you be collecting student learning packages at the school?

No

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Zoom

Parent/Guardian Information (Mother)

Mother's Name

Natalie Beard

Identification Type

National Identification

Identification Number

19801005004

Mother's Home Address

#21 A Beetham Highway, Sealots Port Of Spain, South Port Of Spain

Mother's Contact

18687070869

Mother's Profession/Job

Production worker

Mother's Work Address

Diamond Vale Estate, Diego Martin West, West

Mother's Email Address

deonbobb70@gmail.com

Parent/Guardian Information (Father)

Father's Name

Deon Bobb

Identification Type

National Identification

Identification Number

19790203005

Same Home Address as Mother?

Yes

Father's Home Address

No data provided

Father's Contact

18683082932

Father's Profession/Job

Production worker

Father's Work Address

Hadco Group Of Companies Bhagoutie Trace San Juan San juan, North Trinidad

Father's Email Address

deonbobb70@gmail.com

Emergency Contact Information

Emergency Contact Name

Joanne Beard

Relation to Student

Grandmother

Emergency Contact

18683341917

Emergency Contact Address

#21 A Beetham Highway Sealots Port Of Spain, South port of spain

Registrant Information

Date of Registration

5/9/2021

Registrant's relation to student

Mother

Name of Registrant

Natalie Beard

Proof of Guardianship

Identification Type

National Identification

No data provided

Registrant's Nationality

Identification Number

Trinidadian

19801005004

Registrant Profession

Registrant's Education Level

Factory worker

Secondary

Registrant Current Address

Registrant Contact:

#21 A Beetham Highway,Sealotd Port Of Spain, South Port Of Spain TT

18687070896

Registrant Email Address

Do you have consistent access to a device?

deonbobb70@gmail.com

Yes

Primary Device

Who is your internet provider?

Smart Phone

TSTT/ Bmobile

Passport Size Photo



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Mariska

Student Middle Name(s)

Sydney

Student Last Name

Bonnett

Student Gender

Female

Student Current Address

16 Maraj street El Socorro Road San Juan , North Trinidad

Residential Address

Same as Current Address.

Date of Birth

18/9/2009

Birth Certificate Pin

3639272011

Religion

Pentecostal

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18684795589

Student Email

mariskabonnett7@gmail.com

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Barataria Anglican primary school

Student S.E.A Number

1111111

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Blood group O

Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

Yes

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Maxi-Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

No

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Phone

Is the device shared by others?

Yes

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Two (2) persons

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Sally Ann Bowen Bonnett

Identification Type

National Identification

Identification Number

19810307025

Mother's Home Address

16 Maraj street El Socorro Road San Juan , North Trinidad

Mother's Contact

18682849528

Mother's Profession/Job

Self Employed

Mother's Work Address

No data provided

Mother's Email Address

No data provided

Parent/Guardian Information (Father)

Father's Name

Mark Bonnett

Identification Type

National Identification

Identification Number

19800710023

Same Home Address as Mother?

Yes

Father's Home Address

No data provided

Father's Contact

18684927110

Father's Profession/Job

Mason

Father's Work Address

No data provided

Father's Email Address

markbonnett@hotmail.com

Emergency Contact Information

Emergency Contact Name

Kenny Bonnett

Emergency Contact

Relation to Student

18687385175

Uncle

Emergency Contact Address

Laundry road Kelly Village Caroni, Central Trinidad

Registrant Information

Date of Registration

17/09/2021

Registrant's relation to student

Name of Registrant

Mother

Sally Ann Bowen Bonnett

Proof of Guardianship

Identification Type

No data provided

National Identification

Identification Number

Registrant's Nationality

19810307025

Trinidadian

Registrant's Education Level

Registrant Profession

Secondary

Self employed

Registrant Contact:

Registrant Current Address

18682849528

16 maraj street El socorro San Juan , North Trinidad TT

Registrant Email Address

Do you have consistent access to a device?

markbonnett@hotmail.com

No data provided

Primary Device

Who is your internet provider?

Smart Phone

Digicel



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
Angelina	Rihana	Bourne
Student Gender		
Female		
Student Current Address		Residential Address
Lp 52, Block 22 Laventille Port of Spain, North Trinidad		Same as Current Address.
Date of Birth		Birth Certificate Pin
15/3/2009		3739242801
Religion		
Other		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
18687753864		
Student Email		
evette9harris0@gmail.com		

SEA Information

Year Student Wrote S.E.A Exam	Student S.E.A Number
1/7/2021	
Primary School	
Eastern Girls' Government	3739242801
Are you a Transfer Student?	
No	

Medical Information

Medical Complications	Blood Group	Alergies
No	Unknown	Yes
Type of Alergies		
sinus		

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

No

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

Yes

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Three (3) persons

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Alesha Bourne

Identification Type

National Identification

Identification Number

3047153

Mother's Home Address

Lp 52, block 22 Laventille Port of Spain, North Trinidad

Mother's Contact

18684773506

Mother's Profession/Job

Unemployed

Mother's Work Address

No data provided

Mother's Email Address

No data provided

Parent/Guardian Information (Father)

Father's Name

John Doe

Identification Type

National Identification

Same Home Address as Mother?

No

Father's Home Address

NOT APPLICABLE Not Applicable, Not Applicable

Father's Contact

18686666666

Father's Work Address

N/A, N/A

Father's Email Address

noemail@gmail.com

Identification Number

No data provided

Father's Profession/Job

N/A

Emergency Contact Information

Emergency Contact Name

Terrance Hernandez

Relation to Student

Stepfather

Emergency Contact

18682876273

Emergency Contact Address

LP 52, Block 22 Laventille Port of Spain, North Trinidad

Registrant Information

Date of Registration

15/09/2021

Name of Registrant

Alesha Bourne

Identification Type

National Identification

Registrant's Nationality

Guyanese

Registrant Profession

Unemployed

Registrant Current Address

LP 52, Block 22 Laventille Port of Spain, North Trinidad TT

Registrant Email Address

onikaonika70@gmail.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

3047153

Registrant's Education Level

Secondary

Registrant Contact:

18684773506

Primary Device

Phone

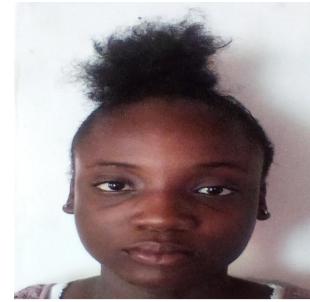
Do you have consistent access to a device?

Yes

Who is your internet provider?

Digicel

Passport Size Photo



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
TYRA	MAIRAH	BREWSTER
Student Gender		
Female		
Student Current Address	Residential Address	
LP3, #14 PELICAN EXTENSION HALLS LANE MORVANT, NORTH TRINIDAD	SAME AS ABOVE	
Date of Birth	Birth Certificate Pin	
1/4/2008	1526110160	
Religion		
Pentecostal		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
18682942355		
Student Email		
verlinbrewster074@gmail.com		

SEA Information

Year Student Wrote S.E.A Exam

1/6/2021

Primary School

ST DOMINIC'S RC

Student S.E.A Number

1526110160

Are you a Transfer Student?

No

Medical Information

Medical Complications	Blood Group	Alergies
No	Unknown	No

Personal Information

Types of Boxlunch Meals to Provide

None

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

No

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Phone

Is the device shared by others?

Yes

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Two (2) persons

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Microsoft Teams Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

VERLIN BREWSTER

Identification Type

National Identification

Identification Number

19841231057

Mother's Home Address

LP3, 14 PELICAN EXTENSION , HALLS LANE , MORVANT, NORTH TRINIDAD

Mother's Contact

18683942355

Mother's Profession/Job

UNEMPLOYED

Mother's Work Address

NIL

Mother's Email Address

verlinbrewster074@gmail.com

Parent/Guardian Information (Father)

Father's Name

TAFARI JONES

Identification Type

National Identification

Same Home Address as Mother?

No

Father's Home Address

LP3, 14 PELICAN EXTENSION HALLS LANE MORVANT, NORTH TRINIDAD

Father's Contact

18682920322

Father's Work Address

Father's Email Address

verlinbrewster074@gmail.com

Identification Number

19851015002

Father's Profession/Job

TRADESMAN

Emergency Contact Information

Emergency Contact Name

VERLIN BREWSTER

Relation to Student

MOTHER

Emergency Contact

18682942355

Emergency Contact Address

LP3,14 PELICAN EXTENSION HALLS LANE MORVANT, NORTH TRINIDAD

Registrant Information

Date of Registration

10/9/2021

Name of Registrant

VERLIN BREWSTER

Identification Type

National Identification

Registrant's Nationality

TRINIDADIAN

Registrant Profession

UNEMPLOYED

Registrant Current Address

LP3,14 PELICAN EXTENSIONHA HALLS LANE MORVANT, NORTH TRINIDAD TT

Registrant Email Address

verlinbrewster074@gmail.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

19841231057

Registrant's Education Level

Not Applicable

Registrant Contact:

18682942355

Primary Device

Phone

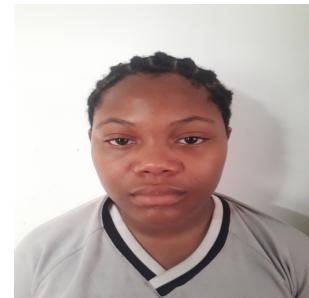
Do you have consistent access to a device?

No data provided

Who is your internet provider?

Digicel

Passport Size Photo



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
ELIJAH	TAQUINE ASHTON	BROWNE
Student Gender		
Male		
Student Current Address		Residential Address
#12 CHARPENTIER STREET MORVANT PORT OF SPAIN , NORTH		BLD#4 APT#22 HIRONDELLE STREET MORVANT PORT OF SPAIN , NORTH
Date of Birth		Birth Certificate Pin
29/7/2008		9541322232
Religion		
Roman Catholic (RC)		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
18682743270		
Student Email		
browneelijah5@gmail.com		

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

LOWER MORVANT GOVERNMENT

Student S.E.A Number

9541322232

Are you a Transfer Student?

No

Medical Information

Medical Complications	Complication Type	Blood Group
Yes	ASTHMA, SICKLE CELL TRAIT	Blood group O
Alergies		
No		

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

Yes

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Two (2) persons

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

ASHA BROWNE

Identification Type

National Identification

Identification Number

19800423065

Mother's Home Address

#12 CHARPENTIER STREET MORVANT PORT OF SPAIN , NORTH

Mother's Contact

18683096268

Mother's Profession/Job

Stay at home mom

Mother's Work Address

N/A PORT of SPAIN , NORTH

Mother's Email Address

loveyourkids123456@gmail.com

Parent/Guardian Information (Father)

Father's Name

TAQUINE BROWNE

Identification Type

National Identification

Identification Number

19760218022

Same Home Address as Mother?

No

Father's Home Address

BLDG#04 APT#22 HIRONDELLE STREET MORVANT PORT of SPAIN , NORTH

Father's Contact

18683781072

Father's Profession/Job

SECURITY

Father's Work Address

BETHELEM GIRLS R.C SCHOOL BESSON STREET PORT of SPAIN , NORTH

Father's Email Address

brownetaquine4@gmail.com

Emergency Contact Information

Emergency Contact Name

AISHA GIBBS

Relation to Student

AUNT

Emergency Contact

18682927393

Emergency Contact Address

#12 CHARPENTIER STREET MORVANT PORT OF SPAIN , NORTH

Registrant Information

Date of Registration

23/09/2021

Registrant's relation to student

Mother

Name of Registrant

ASHA BROWNE

Proof of Guardianship

Identification Type

National Identification

No data provided

Registrant's Nationality

TRINIDADAN

Identification Number

19800423065

Registrant Profession

Stay at home mom

Registrant's Education Level

Tertiary

Registrant Current Address

Registrant Contact:

#12 CHARPENTIER STREET MORVANT PORT OF SPAIN , MORVANT TT

18683096268

Registrant Email Address

loveyourkids#123456@gmail.com

Do you have consistent access to a device?

Yes

Primary Device

Smart Phone

Who is your internet provider?

Flow

Passport Size Photo



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
Natalia	Ciara Chevelle	Bullock
Student Gender		
Female		
Student Current Address	Residential Address	
Lp#13 Point Pleasant Park Block 22 Laventille Port of Spain, North Trinidad	Same as Current Address.	
Date of Birth	Birth Certificate Pin	
19/12/2007	2860584064	
Religion		
Baptist - Spiritual		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
18687026230		
Student Email		
rambullocksingh@gmail.com		

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Taylor's Private Academy

Student S.E.A Number

2860584064

Are you a Transfer Student?

No

Medical Information

Medical Complications	Blood Group	Alergies
No	Unknown	No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Family private car

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Tablet

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Edmodo Microsoft Teams Ministry of Education Learning Management System
Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Latoya Francis

Identification Type

National Identification

Identification Number

19860604034

Mother's Home Address

Lp#14c Upper Debe Road Long Circular St. James Port of Spain, North Trinidad

Mother's Contact

18687131710

Mother's Profession/Job

POS Corporation

Mother's Work Address

Frederick Street Port of Spain North Trinidad

Mother's Email Address

kellyannhumphrey88@yahoo.com

Parent/Guardian Information (Father)

Father's Name

Nathaniel Bullock

Identification Type

National Identification

Identification Number

19851222003

Same Home Address as Mother?

No

Father's Home Address

Lp#13b Point Pleasant Park Block 22 Laventille Port of Spain, North Trinidad

Father's Contact

18687026230

Father's Profession/Job

Coast Guard

Father's Work Address

Airways Road Chaguaramas Port of Spain, North Trinidad

Father's Email Address

rambullocksingh@gmail.com

Emergency Contact Information

Emergency Contact Name

Christine Bullock

Relation to Student

Grandmother

Emergency Contact

18687577233

Emergency Contact Address

Lp#13b Point Pleasant Park Block 22 Laventille Port of Spain, North Trinidad

Registrant Information

Date of Registration

10/9/2021

Registrant's relation to student

Father

Name of Registrant

Nathaniel Bullock

Proof of Guardianship

Identification Type

National Identification

No data provided

Registrant's Nationality

Identification Number

Trinidadian

19851222003

Registrant Profession

Registrant's Education Level

Coast Guard

Tertiary

Registrant Current Address

Registrant Contact:

Lp#13b Point Pleasant Park Block22 Laventille Port of Spain TT

18687026230

Registrant Email Address

Do you have consistent access to a device?

rambullocksingh@gmail.com

No data provided

Primary Device

Who is your internet provider?

Smart Phone

Digicel



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

JAY VAUGHN

Student Gender

Male

Student Current Address

24 BHOLA TRACE PASHLEY STREET LAVENTILLE, NORTH TRINIDAD

Date of Birth

12/8/2009

Religion

Roman Catholic (RC)

Country of Birth

Trinidad and Tobago

Student Middle Name(s)
Nationality

Trinidadian

Student Last Name

CALLICA

Residential Address

Same as Current Address.

Birth Certificate Pin

B1805993

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

None Provided.

Student Email

jayvaughncallica77@gmail.com

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

SUCCESS RC

Student S.E.A Number

2746323912

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group

Unknown

Alergies

Yes

Type of Alergies

SINUS

Personal Information

Types of Boxlunch Meals to Provide

None

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Family private car

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Laptop

Is the device shared by others?

Yes

How many person(s) are sharing the same device with child/ward between the hours 8 am - 2:30 pm, Monday to Friday?

Two (2) persons

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Microsoft Teams Google Meet

Parent/Guardian Information (Mother)

Mother's Name

ALEXCIA KATRINA SAVANORA HOLDER

Identification Type

National Identification

Identification Number

19910702031

Mother's Home Address

APT. DOWN 2 GOINDOO STREET PETIT CURACYE ROAD SAU=N JUAN, NORTH TRINIDAD

Mother's Contact

18682982718

Mother's Profession/Job

CLERK

Mother's Work Address

14-17 VICTORIA SQUARE PARK STREET PORT OF SPAIN, NORTH TRINIDAD

Mother's Email Address

alexcia.callica@yahoo.com

Parent/Guardian Information (Father)

Father's Name

JAROD ONIQUE ANTHONY CALICA

Identification Type

National Identification

Identification Number

19870114026

Same Home Address as Mother?

No

Father's Home Address

24 BHOLA TRACE PASHLEY STREET LAVENTILLE PORT OF SPAIN, NORTH TRINIDAD

Father's Contact

18687592436

Father's Profession/Job

carpenter

Father's Work Address

No data provided

Father's Email Address

jcalica5@gmail.com

Emergency Contact Information

Emergency Contact Name

EVELYN WALKER

Relation to Student

GRANDMOTHER

Emergency Contact

18684826189

Emergency Contact Address

24 BHOLA TRACE PASHLEY STREET LAVENTIILE, NORTH TRINIDAD

Registrant Information

Date of Registration

10/9/2021

Registrant's relation to student

Father

Name of Registrant

JAROD ONIQUE ANTHONY CALICA

Proof of Guardianship

Identification Type

National Identification

No data provided

Registrant's Nationality

Identification Number

TRINIDADIAN

19870114026

Registrant Profession

Registrant's Education Level

CARPENTER

Secondary

Registrant Current Address

Registrant Contact:

24 BHOLA TRACE PASHELY STREET LAVENTILLE, NORTH TRINIDAD TT

18687592436

Registrant Email Address

Do you have consistent access to a device?

jcalica5@gmail.com

No data provided

Primary Device

Who is your internet provider?

Phone

Flow



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name	Student Middle Name(s)	Student Last Name
Antwan		Campbell
Student Gender		
Male		
Student Current Address		Residential Address
Eastern Quarry Laventille Port of Spain, North Trinidad		Same as above
Date of Birth		Birth Certificate Pin
15/12/2008		3420190220
Religion		
Open Bible		
Country of Birth	Nationality	Immigration Status
Trinidad and Tobago	Trinidadian	N/A
Student Permit Date of Issuance		
N/A		
Student Permit Date of Expiration		
N/A		
Student Contact		
None Provided.		
Student Email		
ayanamcmillan8@gmail.com		

SEA Information

Year Student Wrote S.E.A Exam	Student S.E.A Number
1/7/2021	
Primary School	
Belmont Boys RC	3420190220
Are you a Transfer Student?	
No	

Medical Information

Medical Complications	Blood Group	Alergies
No	Unknown	No

Personal Information

Types of Boxlunch Meals to Provide

Lunch only

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Walk

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

No

What is the device being used by your child/ ward to do online classes?

Phone

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

No

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Ayana Mc Millan

Identification Type

National Identification

Identification Number

19811006012

Mother's Home Address

Eastern Quarry Road Laventille Port of Spain, North Trinidad

Mother's Contact

18684773423

Mother's Profession/Job

General Worker

Mother's Work Address

Industrial Estate Diego Martin North Trinidad

Mother's Email Address

ayanamcmillan8@gmail.com

Parent/Guardian Information (Father)

Father's Name

Elroy Campbell

Identification Type

National Identification

Same Home Address as Mother?

No

Father's Home Address

N/A n/a, n/a

Father's Contact

18683211234

Father's Work Address

No data provided

Father's Email Address

sample@gmail.com

Identification Number

No data provided

Father's Profession/Job

n/a

Emergency Contact Information

Emergency Contact Name

Merlin Campbell

Relation to Student

aunt

Emergency Contact

18683719285

Emergency Contact Address

Eastern Quarry Road Laventille Port of spain, North Trinidad

Registrant Information

Date of Registration

10/9/2021

Name of Registrant

Ayana Campbell

Identification Type

National Identification

Registrant's Nationality

Trinidadian

Registrant Profession

general worker

Registrant Current Address

Eastern Quarry Road Laventille Port of Spain, North Trinidad TT

Registrant Email Address

ayanamcmillan8@gmail.com

Registrant's relation to student

Mother

Proof of Guardianship

No data provided

Identification Number

19811006012

Registrant's Education Level

Secondary

Registrant Contact:

18684773423

Primary Device

Smart Phone

Do you have consistent access to a device?

No data provided

Who is your internet provider?

Digicel



Success Laventille Secondary School Eastern Main Road



Official Student Record.

Student Information

Student First Name

Christian

Student Middle Name(s)

Joel

Student Last Name

Capriatta

Student Gender

Male

Student Current Address

LP 42 Lady Young Road Morvant Port of Spain, Trinidad

Residential Address

Same as Current Address.

Date of Birth

28/10/2009

Birth Certificate Pin

9456525663

Religion

Roman Catholic (RC)

Country of Birth

Trinidad and Tobago

Nationality

Trinidadian

Immigration Status

N/A

Student Permit Date of Issuance

N/A

Student Permit Date of Expiration

N/A

Student Contact

18683579155

Student Email

None Provided.

SEA Information

Year Student Wrote S.E.A Exam

1/7/2021

Primary School

Nelshon St Boys Rc

Student S.E.A Number

9456525663

Are you a Transfer Student?

No

Medical Information

Medical Complications

No

Blood Group
Alergies

No

Personal Information

Types of Boxlunch Meals to Provide

Both breakfast and lunch

Do you receive Social Welfare Services?

No

Do you wish to apply for a transfer for your child/ward?

No/ Not applicable

What mode of transport will your child/ ward be using to commute to/ from school?

Taxi

Is your child/ ward fully immunised?

Yes

Does your child/ ward have continuous access to a device?

Yes

Does your child/ ward have reliable internet access?

Yes

What is the device being used by your child/ ward to do online classes?

Personal Computer (PC)/ Desktop

Is the device shared by others?

No

Would you be collecting student learning packages at the school?

N/A

Has anyone in the family become unemployed or partially employed as a result of COVID -19?

Yes

Type of E-Learning Applications with Experience

WhatsApp Google classroom Google Meet Zoom

Parent/Guardian Information (Mother)

Mother's Name

Abigail Capriatta

Identification Type

National Identification

Identification Number

19860321041

Mother's Home Address

Light pole 42 Lady young road Morvant Port of Spain , Trinidad

Mother's Contact

18683579155

Mother's Profession/Job

Unemployed

Mother's Work Address

No data provided

Mother's Email Address

No data provided

Parent/Guardian Information (Father)

Father's Name

Kevin Russell

Identification Type

Driver's Permit

Identification Number

919143

Same Home Address as Mother?

Yes

Father's Home Address

No data provided

Father's Contact

18684879421

Father's Profession/Job

Maxi Driver

Father's Work Address

No data provided

Father's Email Address

abigailtt043@gmail.com

Emergency Contact Information

Emergency Contact Name

Dennis Capriatta

Relation to Student

Grand Father

Emergency Contact

18684640028

Emergency Contact Address

Light Pole 42 Lady young Road Morvant Port of Spain , Trinidad

Registrant Information

Date of Registration

15/09/2021

Registrant's relation to student

Mother

Name of Registrant

Abigail Capriatta

Proof of Guardianship

Identification Type

National Identification

No data provided

Registrant's Nationality

Trinidadian

Identification Number

19860321041

Registrant Profession

Unemployed

Registrant's Education Level

Secondary

Registrant Current Address

Registrant Contact:

Light Pole 42 Lady young Road Morvant Port of Spain, Trinidad TT

18683579155

Registrant Email Address

abigailtt043@gmail.com

Do you have consistent access to a device?

Yes

Primary Device

Smart Phone

Who is your internet provider?

Flow