



INTERNATIONAL BENCHMARK TESTS 2023

SCHOOL REGISTRATION FORM - A

Please complete all sections of this form.

SCHOOL NAME:

PRINCIPAL:

STREET ADDRESS:

CITY:

COUNTRY:

CURRICULUM:

SCHOOL PHONE:

FAX:

EMAIL ID:

IBT COORDINATOR:

MOBILE:

EMAIL ID:

Instructions : Please enter the total number of participating students in each grade.

ENGLISH	MATHEMATICS	SCIENCE
GRADE 3 :	GRADE 3 :	GRADE 3 :
GRADE 4 :	GRADE 4 :	GRADE 4 :
GRADE 5 :	GRADE 5 :	GRADE 5 :
GRADE 6 :	GRADE 6 :	GRADE 6 :
GRADE 7 :	GRADE 7 :	GRADE 7 :
GRADE 8 :	GRADE 8 :	GRADE 8 :
GRADE 9 :	GRADE 9 :	GRADE 9 :
GRADE 10 :	GRADE 10 :	GRADE 10 :
TOTAL :	TOTAL :	TOTAL :

TOTAL REGISTRATION :

TOTAL AMOUNT (Please enter the total amount from the Student List) :

Less 10% discount for Test Administration :

NET AMOUNT :

VAT (5%):

TOTAL AMOUNT PAYABLE:

Date: