



**\*Candidates must ensure that the entry details are accurate. Any changes made after the registration documents have been submitted to Cambridge will be charged a penalty fee plus a fresh registration fee.**

Exam Level e.g. IGCSE	Subject Name	Syllabus Number	Option Code	Fees

By submitting this application form I confirm that I have read, understand and agree to the terms set out in the guidance notes attached to this application form. I confirm that all the information I have given is the truth and is accurate to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DISCLAIMER:** Your personal data will only be used for internal purposes of British Council and for registration with CIE. British Council is committed to deliver the examinations services according to the rules and regulations set by the CIE. However, we cannot be held responsible for any interruptions which are caused by circumstances beyond our control. If examinations or their results are disrupted, cancelled or delayed, every effort will be made to resume normal service as soon as possible.

I.....being the **parent/guardian** of..... **Candidate Number** .....who is sitting for **his/her Cambridge November 2015 Examinations**, agree that my child takes these examinations with the British Council at the British Council venue, under the British Council venue staff supervision. I understand that the British Council will supervise my child at the examination venue only for the duration of the exam, and that it is my responsibility to ensure that my **son/daughter** arrives and departs from the venue safely at the indicated time.  
 I understand that the British Council will not be held liable for any accidents if I do not comply i.e. I do not collect my child at the stated pick up time.  
 Should your child be suffering from an illness during the exams period, the British Council will immediately contact you.  
 I understand that the British Council is only able to arrange any special arrangements my child may need during the examination upon written request prior to the examination date.

**Parent/Legal Guardian: Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mobile Number** \_\_\_\_\_

**OFFICE USE ONLY**

Date App Rec.	Receipt #	Payment Date	Exam Officer
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