



INTERNATIONAL BENCHMARK TESTS (IBT) 2019

SCHOOL REGISTRATION FORM

Please complete all sections of this form.

SCHOOL NAME :

PRINCIPAL :

ADDRESS :

CITY : POSTCODE: COUNTRY:

SCHOOL PHONE : FAX:

EMAIL ID :

IBT COORDINATOR : MOBILE :

EMAIL ID :

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

MATHEMATICS		SCIENCE		ENGLISH		REASONING		ARABIC A/B	
Year 3	<input type="text"/>	Year 3	<input type="text"/>	Year 3	<input type="text"/>	Year 3	<input type="text"/>	Year 3	<input type="text"/>
Year 4	<input type="text"/>	Year 4	<input type="text"/>	Year 4	<input type="text"/>	Year 4	<input type="text"/>	Year 4	<input type="text"/>
Year 5	<input type="text"/>	Year 5	<input type="text"/>	Year 5	<input type="text"/>	Year 5	<input type="text"/>	Year 5	<input type="text"/>
Year 6	<input type="text"/>	Year 6	<input type="text"/>	Year 6	<input type="text"/>	Year 6	<input type="text"/>	Year 6	<input type="text"/>
Form 1	<input type="text"/>	Form 1	<input type="text"/>	Form 1	<input type="text"/>	Form 1	<input type="text"/>	Form 1	<input type="text"/>
Form 2	<input type="text"/>	Form 2	<input type="text"/>	Form 2	<input type="text"/>	Form 2	<input type="text"/>	Form 2	<input type="text"/>
Form 3	<input type="text"/>	Form 3	<input type="text"/>	Form 3	<input type="text"/>	Form 3	<input type="text"/>	Form 3	<input type="text"/>
Form 5	<input type="text"/>	Form 4	<input type="text"/>	Form 4	<input type="text"/>	Form 4	<input type="text"/>	Form 4	<input type="text"/>
Total:	<input type="text"/>	Total:	<input type="text"/>	Total:	<input type="text"/>	Total:	<input type="text"/>	Total:	<input type="text"/>