**2024 Tournament**

The Trinidad and Tobago National Chemistry Olympiad (TTChO), hosted by the Faculty of Science and Technology (FST) at The University of the West Indies (UWI), St. Augustine (STA) Campus invites all suitable applicants to the 2024 competition.

This National Olympiad, endorsed by the Ministry of Education and the Ministry of Foreign and CARICOM Affairs, is open to all students from Forms 2 to 6 who are Trinidad and Tobago Nationals under the age of 20 years on the 1st of July 2024 and who have not initiated Tertiary Level Education.

The following students are **NOT** eligible for participation.

* Students whose date of birth is before 2004/07/01
* Students who are pursuing a tertiary level of education
* Students who are NOT nationals of Trinidad and Tobago

***Guideline:***

1. Please include all students who are participating from a given form, on the same registration form. Example: All form 3 students on one form, all form 4’s on one form etc.
2. Use as many forms as needed.
3. The registration fee **$TTD 100.00** per student must be paid in cash to the Dean's Office, Faculty of Science and Technology, The University of the West Indies. Please contact Ms. Rambaran-Seepersad to make arrangements (1-868-689-6659).
4. The deadline for registration is **Wednesday 14th February, 2024**. Please email forms to laura.rambaran-seepersad@sta.uwi.edu in a Word Document format by this deadline date.

(v) There is no limit on the number of students a school may register.

(vi) The 2024 edition is a single examination for each level (1 Level A and 1 Level B).

**Date: Saturday 24th February, 2024**

**Time: 1:00pm to 2:30pm**

**Duration: 90 minutes**

**Mode: In Person**

**Venues: The UWI (North East) and South/Central (TBD)**

The top students from each level will then be invited to participate in a 2 weeks training camp at the UWI and from this, the Top 4 will be selected to represent Trinidad and Tobago at the IChO in Riyadh, Saudi Arabia.

 Looking forward to your participation!!!

School:

Address:

Official School Representative:

Contact Email Address:

Contact Phone Number: (O)

 (M)

Number of *Form Two (2)* Students Registered:

Number of *Form Three (3)* Students Registered:

Number of *Form Four (4)* Students Registered:

Number of *Form Five (5)* Students Registered:

Total Number of ***Level A*** Students Registered:

Number of *Form (Lower) Six (6)* - Students Registered:

Number of *Form (Upper) Six (6)* - Students Registered:

Total Number of ***Level B*** Students Registered:

Total Number of Students Registered:

Venue:

School Representative Signature: Date:

LEVEL A

FORM: 2

TOTAL NUMBER OF STUDENTS REGISTERED FOR THIS FORM:

|  | **STUDENT NAME****(First name Surname)** | **DATE OF BIRTH (dd/mm/yyyy)** | **STUDENT EMAIL ADDRESS** | **STUDENT PHONE CONTACT**  | **CLASS / FORM** | **For Official Use (Please Leave Blank)** |
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FORM: 4

TOTAL NUMBER OF STUDENTS REGISTERED FOR THIS FORM:

|  | **STUDENT NAME****(First name Surname)** | **DATE OF BIRTH (dd/mm/yyyy)** | **STUDENT EMAIL ADDRESS** | **STUDENT PHONE CONTACT**  | **CLASS / FORM** | **For Official Use (Please Leave Blank)** |
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FORM: 5

TOTAL NUMBER OF STUDENTS REGISTERED FOR THIS FORM:

|  | **STUDENT NAME****(First name Surname)** | **DATE OF BIRTH (dd/mm/yyyy)** | **STUDENT EMAIL ADDRESS** | **STUDENT PHONE CONTACT**  | **CLASS / FORM** | **For Official Use (Please Leave Blank)** |
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LEVEL B

FORM: Lower 6

TOTAL NUMBER OF STUDENTS REGISTERED FOR THIS FORM:

|  | **STUDENT NAME****(First name Surname)** | **DATE OF BIRTH (dd/mm/yyyy)** | **STUDENT EMAIL ADDRESS** | **STUDENT PHONE CONTACT**  | **CLASS / FORM** | **For Official Use (Please Leave Blank)** |
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FORM: Upper 6

TOTAL NUMBER OF STUDENTS REGISTERED FOR THIS FORM:

|  | **STUDENT NAME****(First name Surname)** | **DATE OF BIRTH (dd/mm/yyyy)** | **STUDENT EMAIL ADDRESS** | **STUDENT PHONE CONTACT**  | **CLASS / FORM** | **For Official Use (Please Leave Blank)** |
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