

Education Information

Last School/Training Institutions Attended	Dates Attended	Certificate/Achievements

Subjects	Level (CXC, GCE,SSC,NVQ)	Grade	Date Received

Please Give any 2 References, other than relatives

(1) Name:.....
 Address:.....
 Telephone:.....

(2) Name:.....
 Address:.....
 Telephone:.....

Emergency Contact Information

Who can we contact in case of an emergency?

- Name: _____
- Address: _____
- Relationship to you: _____
- Tele. No. : _____

To be signed by the parent or guardian if applicant is under 18 years old:

I hereby give permission for my child/ward to participate in the selected training Programme and I agree to the terms required for successful completion of this course. I also understand that fraudulent information will be deemed reasonable cause for dismissal from the Programme.

Name Signature
 Relationship Date

FOR OFFICE USE ONLY

Registration Paid YES NO

Tuition Deposit Paid YES NO Amount Paid \$ _____

Time Option Selected Morning Afternoon Night Week days Weekends

Accepted YES NO

Reason for Non-Acceptance _____