

SIXTH FORM INTEGRATION PROGRAMME
(GRADES 12 & 13)
APPLICATION FORM

Main Office:
 Caenwood Center
 37 Arnold Road
 Kingston 5
 Tel. (876) 967-7802

6th FORM SCHOOL OF CHOICE _____

TRN#:

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PERSONAL DATA

LAST NAME

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 FIRST NAME

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 MIDDLE NAME

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GENDER: Female Male

DATE OF BIRTH _____ / _____ / _____ (DD/MM/YY) EMAIL ADDRESS: _____

PERMANENT ADDRESS

 MAILING ADDRESS: *(If Different from Permanent Address)*

 PARISH

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 TELEPHONE #

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EMERGENCY CONTACT PERSON

LAST NAME

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 FIRST NAME

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 MIDDLE NAME

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 ADDRESS

 TELEPHONE #

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 RELATION _____

PROGRAMME PREFERENCE

PLEASE INDICATE YOUR PROGRAMME SELECTION WITH A **TICK** (Based on entry requirements)

- 1. PATHWAY 1 – TRADITIONAL
- 2. PATHWAY 11 – TECHNICAL
- 3. PATHWAY 111- GENERAL

PLEASE LIST YOUR SKILL TRAINING PREFERENCE IF PATHWAY 11 WAS YOUR SELECTED OPTION

LIST TOP THREE SKILL AREAS IN ORDER OF PREFERENCE

- 1. _____
- 2. _____
- 3. _____

PATH BENEFIT

Have you ever received benefit from the PATH Programme? Yes No

If, yes kindly answer the following:

State the name of school through which PATH benefit was administered _____

PATH Identification number: _____

Period was the PATH benefit received? From _____ to _____
Year *Year*

EDUCATIONAL BACKGROUND

NAME OF LAST SCHOOL ATTENDED	TYPE (e.g. Secondary)	YEAR Completed Grade 11	CERTIFICATE ACHIEVED (High School Diploma / Certificate)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

QUALIFICATIONS

FORMAL QUALIFICATIONS (Please list below all the qualifications you have obtained including any vocational training received)

SUBJECT OR SKILL AREA	GRADE OBTAINED	DATE AWARDED/ EXPECTED	EXAMINATION BODY (e.g. NCTVET, CSEC, City & Guild etc.)

HEALTH

Do you have any CHRONIC HEALTH conditions? (E.g. Asthma, Diabetes, Mental illness): Yes No
 If YES, Please Specify _____.

Do you have any PHYSICAL DISABILITIES? Yes No
 If YES, Please Specify _____.

I declare that the information given in this application form is true and complete to the best of my knowledge and belief. I understand that any false or misleading information provided in my application and the violation of the rules and regulations of the School may result in disciplinary action or dismissal.

Signature _____ Date _____ / _____ / _____ (dd / mm / yyyy)

For Office Use Only	
Grade 9 Diagnostic Evaluation Completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interest Inventory Mapping:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Grade 9 Diagnostic Evaluation Score: Math _____ English _____	
Interest Inventory _____	
Student Placed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Programme Recommended:	<input type="checkbox"/> 6 th Form Pathway #1:- Traditional <input type="checkbox"/> 6 th Form Pathway #2:- Technical <input type="checkbox"/> 6 th Form Pathway #3:- General
Orientation Completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	_____ _____ _____
Processed by :	_____
Name	Position
Signature:	Date / /