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INSTRUCTIONS: Complete this form in **BLOCK CAPITALS**. This form is to be submitted along with two (2) passport-sized photographs, a copy of your CSEC results.

REQUESTING ENTRY FOR:	C	аре: 🗆	САР:	
PERSONAL INFORMATION:				
Last Name	First Name		Middle Name(s)	
Date of Birth://////	Gender:	[] Male	[] Female	
Home/Mailing Address:				
Telephone numbers: (Home)	me) (Mobile)			
E-mail Address:				
CONTACT OF PARENT/GUARDIAN	# 1: (A parent or guard	ian with who	m the student resides)	
Name:	Relation	ıship:		
Occupation:	Occupation: Email address:			
Tel.: (Home) (W	(Work) (Mobile)			
EMERGENCY CONTACT				
Name:	Relationship:			
Tel.: (Home) (V	Vork)	(Mobil	e)	
PREVIOUS SCHOOLS ATTENDED (List the most recent so	hool attende	ed first):	
Name of Schools	Period Attended Person for Lossins		acon for Logging	
Name of Schools	From To	_ Ke	Reason for Leaving	
1.				
2.				
3.				
Positions of responsibility held at most	recent school:			

REFERENCES				
a) Name of Referee: b) Name of Referee:				
Organization:	Organization	Organization:		
Position:	Position:			
Address:				
Tel.:	 Tel.:			
PERSONAL STATEMENT				
SUBJECT SELECTION: Lis	your CSEC results in the table belo	ow:		
	-			
SUBJE 1.	CT GRAD	E YEAR		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
CSEC Reg. No.	Year o	of Entry:		
PROGRAMME OFFERINGS	<u> </u>			

	SUBJECTS	PROGRAMME
1.	Communication	
	Studies	CAPE
2.	Entrepreneurship	CAPE
3.	Tourism Management	CAPE
4.	Physical Education	CAPE
5.	Food & Nutrition	САРЕ

IME	SUBJECTS	PROGRAMME
	6. Management of Business	CAPE
	7. Caribbean Studies	CAPE
	8. Environmental Science	CAPE
	9. Agricultural Science	CAPE
		CAPE
	10. Logistics and Supply	
	Chain Operations	

(a)	I declare that the information given on this Admission Form is accurate and true.	I commit

PARENT'S/GUARDIAN'S DECLARATION:

Approved by Principal:

to ensuring that my child/ward complies with the rules and regulations which govern students of MALDON HIGH SCHOOL.

(b) I pledge to provide the necessary financial and other forms of support necessary to assist my child/ward as a student of Maldon High School.

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

DD

MM

TYYYY

FOR OFFICE USE ONLY

Interviewed by:

Date:

DD

MM

TYYYY

APPROVED

NOT APPROVED

PENDING

Principal's Comments:

Date: ____