



Samuel Jackman Prescod Polytechnic

Willey, St. Michael, Barbados W. I. Telephone: 426-1920; Fax: 426-0843

Website: www.sjpp.edu.bb

Student Application Form

INSTRUCTIONS: Please complete this application form in CAPITAL LETTERS and tick the appropriate boxes.

Have you previously applied to the Samuel Jackman Prescod Polytechnic? Yes No

PERSONAL INFORMATION	
National Registration Number	
Prefix	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Surname	
First Name	
Other Names	
Home Address	
Mailing Address	
Country of Birth	
Nationality	
Telephone	(home) (work) (mobile)
Fax Number	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Month Day Year
Email Address	

INTERNATIONAL STUDENT INFORMATION	
Applicants born outside of Barbados MUST submit proof of their immigration status along with the application form.	
Immigration Status	
Effective date:	Expiry date:
Passport Number	

MEDICAL HISTORY

State Medical Condition(s)

Allergies

Asthma

Diabetes

Epilepsy

Hypertension

Other (state condition) _____

EMERGENCY CONTACT

Name			
Address			
Telephone	(home)	(work)	(mobile)

PROGRAMME INFORMATION (See list of programmes)

Programme: First Choice			
Second Choice (Full-time applicants ONLY)			
Indicate your study option	<input type="checkbox"/> Full-time	<input type="checkbox"/> Paper-based (OFLC)	
	<input type="checkbox"/> Part-time	<input type="checkbox"/> Online (OFLC)	
	<input type="checkbox"/> Day-release or other		
Location (Part-time applicants ONLY)	<input type="checkbox"/> Samuel Jackman Prescod Polytechnic	<input type="checkbox"/> Alexandra Secondary	
	<input type="checkbox"/> Princess Margaret Secondary	<input type="checkbox"/> St. George Secondary	
Start Date – Short courses	Part-time applicants ONLY	<input type="checkbox"/> September	<input type="checkbox"/> January <input type="checkbox"/> April
Preferred evening(s) (Where applicable)			

WORK EXPERIENCE

Position Held	Organisation	From (mm/dd/yy)	To (mm/dd/yy)

EDUCATIONAL HISTORY

Secondary School Attended		
Year attended	From:	To:

ACADEMIC QUALIFICATION

(Include subjects preparing for or awaiting results)

Year	Examining Body	Level	Subject	Grade

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application will invalidate my application.

Signature of applicant _____

Date _____