

PORTMORE COMMUNITY COLLEGE

Portmore Campus · Box 233 Waterford P.O. · Portmore, St Catherine

Tel: (876) 939-6607, 939-6605 · Fax: (876) 988-6151 · Old Harbour Campus · 41 East Street Old Harbour ·

Telephone: (876) 745-4702, 745-3241, 619-2835 · Fax: (876) 745-2346

Hotlines: (876) 897-2901, 897-2922. Email: info@pcc.edu.jm ·Website: pcc.edu.jm **Student Application INSTRUCTIONS:** Academic Year 20 ____ / 20 ___ Read the accompanying information sheet before completing this form. Ensure that the application form is fully completed in BLOCK CAPITALS, LEGIBLY and ACCURATELÝ Return completed application form with relevant supporting documents to the Registry, by **July 30**. A non-refundable application fee MUST be paid to the Accounts Department BEFORE Affix one (1) photograph here submission of application forms. NB: All documents become the property of the institution and will not be returned. Documents which have been tampered with will not be processed. Incomplete application forms will not be processed. **SECTION A: PERSONAL DATA** 1. TITLE: \square MISS \square MRS \square MR \square OTHER FIRST NAME: _____ MIDDLE NAME(S):____ SURNAME: MAIDEN NAME: _ DD MM YYYY

2. GENDER M F AG E: DATE OF BIRTH: DO DATE OF BIRTH: 4. TAX PAYER REGISTRATION #:___ 3. NATIONALITY: __ PERMANENT ADDRESS: MAILING ADDRESS: (If different)_ (C) # _____(W)# _____EMAIL___ TELEPHONE # NAME OF NEXT OF KIN: ____ ADDRESS: RELATIONSHIP TO APPLICANT: TELEPHONE # ______ (C) # _____ (W) # _____ EMAIL _____ **10.** Are you a dependent of a PCC staff member? Yes No 9. Are you a PCC staff member? Yes No Department: Name of staff member: **11.** Do you have a disability? Yes No Please specify: ___ **SECTION B: PROGRAMME** 12. SELECT DEPARTMENTOF CHOICE: BUSINESS AND PROFESSIONAL STUDIES COMPUTER STUDIES AND MATHEMATICS PURE AND APPLIED SCIENCES ARTS & HUMANITIES NURSING **CONTINUING STUDIES** 13. PROGRAMME: FIRST CHOICE SECOND CHOICE: _ **SECTION TO BE COMPLETED by CSEC, CAPE applicants:** CSEC CAPE

List the subjects of choice:

14.	PROGRAMME MODE:									
	Please tick the preferred mode of attendance									
	Day Evening Weekend Day Release									
15.	Have you applied to the college before? Yes No If yes: (a) Period from to (b) Campus (c) Programmed enrolled in (d) Identification number									
16.	Extracurricular Activities									
	Indicate the extracurricular activities you wish to participate in.									
	Activities/Clubs									
	Music/ Choir Student governance Domino Club									
	☐ Visual Arts ☐ Service Club ☐ Chess Club									
	Performing Arts Computer Club									
	Journalism Environmental/Science Club									
	Sports									
	Football Netball Volleyball Track and Field Cricket Cheerleading Basketball									
	List any sporting/cultural activities/service clubs in which you have been previously involved.									
SECTION C: ACADEMIC RECORD										
Ind	STRUCTIONS: icate the subjects you have passed at the CSEC, CAPE, GCE `O' and `A' levels, professional or other qualifications. : Passes in <i>subjects are recognized as follows</i> :									
	• GCE `O' levels - A, B, and C									
	• GCE `A' levels - A, B, C, D and E									
	• CSEC General or Technical Proficiency I, II and III (grade III from June 1998 and thereafter)									
	CAPE 1, II, III, IV and V									
	SSC National Assessment Levels - 4 and 5									

CSEC General/Technical/GCE `O' levels

Subjects	Exam	Date		Grade		Exam	Date	
Passed Body		Month Year		Obtained	Subjects pending	Body	Month	Year

ADVANCED LEVEL/CAPE/PROFESSIONAL/OTHER QUALIFICATION

Subjects		Exam	Da	ate		ALJ OTHER QUALITICATION		_	Date	
Passed	Passed		Month Year		Grade Obtained	Subjects pending		Exam Body	Month Year	
t below programmes or rance requirements of th		nt you wi	sh to appl	y to.	ve assessed		e matriculati	on regulations	of CCC.	J and th
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Name of Institution	on	Α	ddress		Award	From	То	Pro	gramme Name	
				Worl	k Experien	ce				
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☐ Parents	☐ Stu	dent Loa	n		Loan		Scholarship		Other	
			SECTIO	ON F: PF	ERSONAL :	STATEMENT				
rite a short paragraph in	dicating the r	eason for					institution.			
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tended Career										

Applicant
I have read and understood the instructions and the information necessary for completing this application and the information given above is complete and accurate. I understand that false and fraudulent information provided will result in cancellation or denial of admission.

Signature of applicant	Date

Parent/Guardian				
This application is made with my consent	and I intend to hono	our all oblig	ations related to the term	ns of acceptance.
Signature of Parent/Guardian/Sponsor		Date		
Name of Parent/Guardian/Sponsor		Date		
How did you discover the Portmore Comm Website Past/Current Student PCC visit to school	Newspaper Ad Family Social Media	FFICE	College Fair Recruitment Fair Member of Staff E USE ONLY TED BY APPLICANT	☐ Radio/TV Ad ☐ Guidance Counsellor ☐ Other
FOR REGISTRY ONLY				
1.	ersion) ull-time students) 1 1 for part-time 4 for UTECH	2 for P		
FOR HEAD OF DEPARTMENT ONLY Head of Department Remarks	Unconditional O	ffer	☐ Conditional Off	er Rejected
Head of Department Signature		Date		
FOR ACCOUNTS DEPARTMENT ONLY DATE RECEIVED		RECEIF	PT NUMBER	
DEPARTMENT STAMP		SIGNA	TURE	