

REGISTRATION FORM

EVENING / SATURDAY

Registration #

Place photo here



8^B Brooks Avenue, May Pen PO, Clarendon Tele: 876-883-2026
 3 ½ Caledonia Road, Mandeville, Manchester Tele: 876-864-2684
 31 Darlington Drive, Old Harbour, St Catherine Tele: 876-864-2937

PLEASE COMPLETE IN BLOCK CAPITALS

In order for us to serve you better, please complete each section accurately so that the correct information will be placed on your records

GRADE LEVEL:

please tick appropriate box

- 3rd Form
- 4th Form
- 5th Form
- Lower 6th Form
- Upper 6th Form
- JAN - DEC

1. PERSONAL DETAILS OF STUDENT:

NAME

--	--	--	--

Surname

First Name

Middle

(Please tick appropriate box)

Mr. Mrs. Miss

DATE OF BIRTH

--	--	--	--	--	--

DD

MM

YY

AGE: _____

NATIONALITY: _____ TRN # _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ OCCUPATION: _____

TELEPHONE (Home) - CELL (Digicel) - CELL (Other) -

SCHOOL ATTENDING: _____ CURRENT GRADE _____

2. NEXT OF KIN

Mr. Mrs. Miss **FULL NAME:** _____ **NATIONALITY:** _____

RELATIONSHIP TO STUDENT:

Mother Father Sister Brother Other _____

CONTACT NO. (Cell)

(876) -

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ OCCUPATION: _____

WORKPLACE: _____ DEPARTMENT: _____

TELEPHONE (Home) - CELL (Digicel) - Other -

3. EMPLOYER DATA

EMPLOYER'S NAME: _____

OFFICE ADDRESS: _____

OFFICE TELEPHONE# - ST. LINE - Other -

EMPLOYMENT DURATION _____ Yrs. _____ Mths. FROM: _____ TO: _____

4. MEDICAL RECORD:

Any chronic illness e.g. Asthma, Diabetes, etc; Confidential health information may be discussed with the Principal or Guidance Counselor.

ILLNESSES: (if any) _____

NAME OF DOCTOR: _____ TEL # (876) -

5. EXAMINATION RECORD: Subject passes at CAPE/CSEC/GCE

	SCHOOL	SUBJECT/S	LEVEL	YEAR	RESULT
1.					
2.					
3.					
4.					
5.					
6.					
7.					

6. SUBJECT CHOICES: Evening Offerings – CXC/CSEC

- | | | |
|---|--|--|
| 1. CSEC Integrated Science <input type="checkbox"/> | 6. CSEC Info. Technology (G) * <input type="checkbox"/> | 11. CSEC Principles of Business <input type="checkbox"/> |
| 2. CSEC Food, Nutrition & Health * <input type="checkbox"/> | 7. CSEC Mathematics <input type="checkbox"/> | 12. CSEC EDPM <input type="checkbox"/> |
| 3. CSEC Chemistry * <input type="checkbox"/> | 8. CSEC Office Administration <input type="checkbox"/> | 13. CSEC Social Studies <input type="checkbox"/> |
| 4. CSEC English Language <input type="checkbox"/> | 9. CSEC Physics * <input type="checkbox"/> | 14. CSEC Theatre Arts <input type="checkbox"/> |
| 5. CSEC H. & S Biology <input type="checkbox"/> | 10. CSEC Principles of Accounts <input type="checkbox"/> | 15. CSEC English Literature <input type="checkbox"/> |

7. SUBJECT CHOICES: Evening Offerings – CAPE

- | | | |
|---|--|---|
| 1. CAPE Tourism – Unit 1 <input type="checkbox"/> | 3. CAPE Entrepreneurship – Unit 1 <input type="checkbox"/> | 5. CAPE Pure Math – Unit 1 <input type="checkbox"/> |
| 2. CAPE Sociology – Unit 1 <input type="checkbox"/> | 4. CAPE Caribbean Studies <input type="checkbox"/> | 6. CAPE Comm. Studies <input type="checkbox"/> |

8. SUBJECT CHOICES: Saturday Offerings – Pre-CXC/CSEC

- | | | |
|---|--|--|
| 1. English Lang (2rd-3rd Form) <input type="checkbox"/> | 7. CSEC Physics (4th Form) <input type="checkbox"/> | 13. CSEC Math (5th Form) <input type="checkbox"/> |
| 2. Mathematics (2rd-3rd Form) <input type="checkbox"/> | 8. CSEC Biology (5th Form) * <input type="checkbox"/> | 14. CSEC Physics (5th Form) * <input type="checkbox"/> |
| 3. CSEC Biology (4th Form) * <input type="checkbox"/> | 9. CSEC Chemistry –5 TH Form * <input type="checkbox"/> | 15. CSEC P. O. A. (5th Form) <input type="checkbox"/> |
| 4. CSEC Chemistry (4th Form) * <input type="checkbox"/> | 10. CSEC Eng. Lang (5th Form) <input type="checkbox"/> | 16. CSEC P. O. B. (5th Form) <input type="checkbox"/> |
| 5. CSEC Eng. Lang (4th Form) <input type="checkbox"/> | 11. CSEC Eng. Lit (5th Form) <input type="checkbox"/> | 17. CSEC Spanish (5th Form) <input type="checkbox"/> |
| 6. CSEC Math (4th Form) <input type="checkbox"/> | 12. CSEC Info. Tech (5th Form) <input type="checkbox"/> | |
- * Subjects which attract a Material/ Lab Fee.**

9. DOCUMENTS/ITEMS REQUIRED: (Highlighted items MUST accompany completed registration form)

- | | | |
|--|--|--|
| I. One (1) passport-size picture <input type="checkbox"/> | III. CSEC/CAPE/GCE Results <input type="checkbox"/> | V. Previous Candidate No. <input type="checkbox"/> |
| II. Birth Certificate <input type="checkbox"/> | IV. Previous SBA result <input type="checkbox"/> | VI. ID of School Fee Sponsor <input type="checkbox"/> |

10. FINANCING: (*NB – Registration Fee is NON-REFUNDABLE)

Amount being paid with this application **J\$** _____ Cash Cheque

TERMS OF PAYMENT:
 Full Payment Payment Plan Government/Company Sponsorship Bank/Credit Union Loan

Name of school fee sponsor: Mr/ Mrs/ Miss _____ Contact No. _____ - _____

*NB – Fees should be made payable to **Institute of Career Choice** paid at **CIBC First Caribbean International Bank** account # **3242048481570795**

11. OTHER

ANY OTHER REMARKS? _____

HOW DID YOU HEAR ABOUT ICC? _____

IS THERE ANY OTHER COURSE YOU WISH WAS BEING OFFERED? _____

Completion of this form indicates that:

1. I agree with the school rules, payment policies and refund conditions as outlined by the school.
2. Any falsification of data will disqualify me from entry.
3. I understand that **a 20% interest penalty is charged for the late payment of school fees.**
4. I also agree to give one term's written notice for the refunding of fees before withdrawing any child/ward from the school.

Parent/ Guardian's Signature: Student's Signature..... Date:.....20.....

12. FOR OFFICE USE ONLY					
Date	Invoice #	Total (J\$)	Amount Paid (J\$)	Receipt #	Balance Due (J\$)