MINISTRY OF EDUCATION
YOUTH & INFORMATION

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#: | | | | | | | | | |

PERSONAL DATA

LAST NAME

FIRST NAME

MIDDLE NAME

GENDER: ☐ **Female** ☐ **Male**

DATE OF BIRTH_____/_____/_____**(DD/MM/YY)**

EMAIL ADDRESS:_____

PERMANENT ADDRESS

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

PARISH

TELEPHONE # —

EMERGENCY CONTACT PERSON

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

TELEPHONE # —

RELATION _____

PROGRAMME PREFERENCE

PLEASE INDICATE YOUR PROGRAMME SELECTION WITH A <u>TICK</u> (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*

NOT TO BE SOLD

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 DISABLILITIES? 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** ☐ **No** ☐

Interest Inventory Mapping**:** Yes ☐ No ☐

Grade 9 Diagnostic Evaluation Score: Math_____English _____

Interest Inventory _____

Student Placed: **Yes** ☐ **No** ☐

Programme Recommended: ☐ **6th Form Pathway #1:- Traditional**
☐ **6th Form Pathway #2:- Technical**
☐ **6th Form Pathway #3:- General**

Orientation Completed: **Yes** ☐ **No** ☐

Comments:

_____

_____

_____

Processed b y : _____ _____
Name Position

Signature: Date / /

NOT TO BE SOLD