



TRENCH TOWN POLYTECHNIC Registration Form



Instructions: This form consists of FOUR sections and you are required to complete ALL sections to the best of your ability. The completed application form MUST be signed.

SECTION 1: PERSONAL INFORMATION

Name: First _____ Middle _____ Last _____

Date of Birth ____ / ____ / ____ Age ____ Gender: Male Female
mm dd yr

Address _____

Email Address: _____ Telephone # _____

Telephone # _____

Parent/Guardian's Name: _____ Telephone # _____

Email Address: _____

IN CASE OF EMERGENCY

Name of Next of Kin: _____ Contact# _____

Address _____

SECTION 2: COURSE APPLIED FOR

ASSOCIATE DEGREE

Associate of Applied Science Degree in Computer Servicing and Electronics Associate of Applied Science Degree in Culinary Arts

Associate of Science Degree in Management Process Outsourcing Associate of Science Degree in (Enrolled) Assistant Nursing

OTHER:

SECTION 3: EDUCATIONAL & SOCIAL BACKGROUND

PRIMARY SCHOOL ATTENDED: _____

SECONDARY SCHOOL ATTENDED: _____

SPORTS PLAYED: _____

CULTURAL ARTS & MUSIC INVOLVED: _____

CLUBS INVOLVED: _____

COMMUNITY INVOLVEMENT: _____

WORK EXPERIENCE: _____

EXAMINATION RESULTS

SUBJECT	EXAM BODY (NCTVET / CXC / City & Guilds)	LEVEL	YEAR	GRADE

SECTION 4: MEDICAL BACKGROUND – (To be completed by parent or guardian youths under 18)

During school hours, do you require a non-oral medication? (Ex: injection, eye/ear drop, application to skin, suppository) yes No

During school hours, do you need help with a medical procedure? Yes No

Do you have any condition which may cause a life-threatening emergency? Yes No

(Please Specify) _____

Have you been treated for any psychological, social or mental challenge which could cause any disruption of activities while at school? Yes No

If yes, please state: _____

Parent/Guardian’s Signature: _____ **Date:** _____

By signing this document I hereby agree to the terms and conditions of the Trench Town Polytechnic College. I acknowledge TTPC’s right to cancel this application if the information contained in it has been misrepresented.

Applicant’s Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

NAME CXC/CSEC/CAPE COURSES RECOMMENDED: _____

STATUS:

Full Acceptance: Diagnostic Assessment: Conditional Placement:

COMMENTS: _____

Verifier's Name & Signature: _____ **Date:** _____

*Candidates are required to submit two testimonials from recognized officials, two notarized recent passport sized photographs, photocopy of proof qualification and training, copy of birth certificate, TRN, Food Handler's Permit, if applicable. All **originals must be presented for verification**. Application form is to be submitted to the Trench Town Polytechnic, Eighth Street, Trench Town, P.O. Box 13, Kingston 12, Jamaica. Telephone: 876- 997-3905 or 997-3904. Email: info@trenchtownpolytechnic.edu.jm.*