**ST. VINCENT & THE GRENADINES COMMUNITY COLLEGE**

**ADMISSION FORM**

**DATE: ........................................................ DIVISION: .............................................................................**

1. **SURNAME: ...................................... GIVEN NAMES: ....................................................................**
2. **DATE OF BIRTH: ......................... RELIGION: ............................................................................**
3. **SEX: ............................................... NATIONALITY: ...................................................................**
4. **NEXT OF KIN: ..................................................... RELATIONSHIP: .....................................**
5. **STUDENT’S CONTACT NOS: ..................................................**
6. **FATHER’S NAME: ............................................... OCCUPATION: ........................................**
7. **MOTHER’S NAME: ............................................. OCCUPATION: ........................................**
8. **STUDENT’S MAILING ADDRESS: EMAIL ADDRESS: ..................................**

**.............................................................................**

**.............................................................................**

1. **ACADEMIC RECORD**

**PRE-SCHOOL(S) ATTENDED:**

**.....................................................................................................................................................**

**PRIMARY SCHOOL(S) ATTENDED:**

**.....................................................................................................................................................**

**SECONDARY SCHOOL(S) ATTENDED:**

**.....................................................................................................................................................**

**OTHER INSTITUTION(S): ..........................................................................................................**

**WHAT IS YOUR HIGHEST LEVEL OF QUALIFICATION: (SELECT ONE)**

**CSEC**

**CAPE**

**ASSOCIATE DEGREE**

**OTHER (PLEASE STATE): ...................................................................................................**

1. **IN WHAT EXTRA-CURRICULAR ACTIVITIES ARE YOU INVOLVED? (In Detail):**

**...............................................................................................................................................................................**

**..............................................................................................................................................................................**

1. **WITH WHOM WILL STUDENT BE LIVING DURING THE SCHOOL YEAR?**

**NAME: .........................................................................................................**

**ADDRESS: ............................................................. PHONE #: ...............................................**

**RELATIONSHIP: ................................................. OCCUPATION: ........................................**

1. **IN CASE OF AN EMERGENCY CALL: IF NOT AVAILABLE CALL:**
2. **(2)**

**NAME: .............................................................. .......... NAME: .......................................................**

**PHONE NO: ....................................................... PHONE NO: .........................................**

1. **MEDICAL – PLEASE GIVE DETAILS OF ANY DISABILITIES WHICH THE COLLEGE SHOULD BE AWARE OF – E.G. FREGQUENT NOSE BLEEDING, FITS, DEAFNESS, ETC. *(This information will be treated as confidential and may prove invaluable in emergencies):***

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**............................................................................................................................................................................**

**WHAT ACTION WOULD YOU PREFER THE COLLEGE TO TAKE IN THE EVENT OF AN ACCIDENT OR A PROBLEM OF SERIOUS ILLNESS?**

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**............................................................................................................................................................................**

***Please attach a recent passport sized photograph here***

**NAME OF SPONSOR (*if any*): .......................................................................**

**SIGNATURE – PARENT/GUARDIAN: ........................................................**