



KNOX COMMUNITY COLLEGE

Spalding Campus, P.O. Box 52, Spalding, Clarendon

Mandeville Campus, 6^a Greenvale Road, Mandeville
(Entrance on Ward Ave)

Cobbla Campus, P.O. Box 52, Spalding, Clarendon.

May Pen Campus, 30 Anderson Drive, Denbigh, May Pen
& 3B Nelson Street, May Pen

Website www.kcc.edu.jm

Email address: knoxcollege@jcwamaica.com

Telephone: 987-8047

APPLICATION FORM

INSTRUCTIONS: Please read the information carefully before completing this application form. Complete using **CAPITAL** letters. **NB Knox Community College/UTech Boarding Forms may be collected at the Registry.**

SECTION A:- PERSONAL DATA

1. TITLE: Mr [] Miss [] Mrs [] 2. GENDER: MALE FEMALE

3. LAST NAME _____ 4. FIRST NAME _____

5. MIDDLE NAME _____ 6. MAIDEN NAME (if applicable) _____

7. DATE OF BIRTH: _____ 8. T.R.N.: _____

Day Month Year

9. NATIONALITY _____ 10. RELIGION/DENOMINATION (if any): _____

11. HOME ADDRESS: _____

12. Contact #s: _____ (Digi) 13. Email: _____

_____ (Lime)

PLEASE ATTACH A
PASSPORT SIZE
PHOTOGRAPH HERE

14a. FAMILY CONTACT INFORMATION

NAME OF PARENT/GUARDIAN/NEXT OF KIN: _____

ADDRESS OF PARENT/GUARDIAN/NEXT OF KIN: _____

RELATIONSHIP TO APPLICANT: _____ Contact #s: _____

14b. EMERGENCY CONTACT (if different)

NAME: _____

ADDRESS OF PARENT/GUARDIAN/NEXT OF KIN: _____

RELATIONSHIP TO APPLICANT: _____ Contact #s: _____

15. **SPONSOR:** Self Parent NYS SLB JAMVAT Other (specify) _____

16. Do you work Full time or Part time

17. Do you have dependent children? Yes No 18. Are you currently a staff member? Yes No

19. Are you a dependent of a current Knox Community College Staff member/Minister of the U.C.J.C.I.? Yes No

If yes, state name of relative _____ State relationship _____

20. Do you have a disability? (This information is needed in case special facilities are required) Yes No

(b) If yes, please specify _____

(21). FOR INTERNATIONAL STUDENTS ONLY

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

PASSPORT NUMBER: _____ **EXPIRY DATE (dd/mm/yyyy):** _____

TYPE OF VISA: _____ **ADDRESS WHILE IN JAMAICA** _____

Issue Date (dd/mm/yyyy): ____/____/____

Expiry Date (dd/mm/yyyy): ____/____/____

Issued by: _____ **CONTACT # WHILE IN JAMAICA** _____

NAME OF HOST WHILE IN JAMAICA: _____

HOST CONTACT #S: _____

Is English your first language? (Native) Yes No

Other (specify) _____

If no please indicate if you have taken the Test of English as a Foreign Language (TOEFL) and your score: _____

SECTION B:- PROGRAMME

	PROGRAMME APPLIED FOR	CAMPUS	CAREER
1st choice			
2nd choice			

22. **PROGRAMME MODE:** Full time Part-time Summer Modular

23a. **HAVE YOU APPLIED TO THIS COLLEGE BEFORE** YES NO

23b. IF YES, Year: _____ Programme: _____

24. Campus: _____ 25. I.D. # : _____

KNOX COMMUNITY COLLEGE RESERVES THE RIGHT TO CANCEL ANY PROGRAMME IF THE COHORT IS NOT VIABLE.

SECTION C:- ACADEMIC RECORD

EDUCATIONAL BACKGROUND:

LAST TWO SCHOOLS ATTENDED	PERIOD OF ATTENDANCE	
	FROM (Years)	TO (Years)

EXAMINATION RESULTS:

Examining Body CSEC/CAPE Etc.	Subjects	Year	Grade/Range Obtained/Pending	CSEC/CAPE STUDENTS ONLY SUBJECT TO BE TAKEN

WORK EXPERIENCE:

Positions held	Name and address of Organization	Duration of Employment	
		To	From

I FOUND OUT ABOUT KNOX FROM:

- Family
- Current/past student
- Media/Ad
- Knox Website
- Member of staff
- A Knox visit
- Other (specify _____)

List any sporting/community/cultural or social activities in which you are involved _____

SECTION D:- REFEREES INFORMATION

Give the names and addresses of two referees. (NOTE: The referees must complete an accompanying form)

- | | |
|---------------------|---------------------|
| 1. Name: _____ | 1. Name: _____ |
| 2. Position: _____ | 2. Position: _____ |
| 3. Address: _____ | 3. Address: _____ |
| | |
| 4. Contact #: _____ | 4. Contact #: _____ |

SECTION E:- PERMISSION AND DECLARATION

Once you have completed this application form, please read the following statements carefully. By signing this application form you confirm your acceptance of these statements. If you do not sign this form, we cannot process your application.

1. I confirm that the information I have provided on this application form is (to the best of my knowledge) true, accurate, current and complete;
2. I hereby give the College permission to use my image for promotion and other College related activities.
3. I will provide all fees payable to the College, in the agree period and I understand that my admission and/or registration may be revoked if this commitment is not honoured.
4. I will abide by the rules and regulations of the College.

Applicant's Signature _____ **Date** _____

I intend to provide such fees as may be payable to the College.

Parent/Guardian/Sponsor Signature _____ **Date** _____

FOR OFFICIAL USE ONLY

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION FORM

	Received	Outstanding
Two (2) Referee reports (obtained from the College) (One (1) must be certified by the Principal of last school).	<input type="radio"/>	<input type="radio"/>
Two (2) certified copies of most recent school report/ transcript	<input type="radio"/>	<input type="radio"/>
Two (2) Certified copies of EXAMINATION RESULTS	<input type="radio"/>	<input type="radio"/>
One (1) Medical Form (obtained from the College) completed by a doctor	<input type="radio"/>	<input type="radio"/>
Two (2) completed copies of the boarding form (obtained from the College)	<input type="radio"/>	<input type="radio"/>
Two (2) certified copies of original Birth/Deed Poll and Marriage Certificate (where applicable)	<input type="radio"/>	<input type="radio"/>
Two (2) CERTIFIED passport size photographs - taken within the last Six (6) months. NOTE: ALL APPLICANTS for UTech or UWI programmes must submit an additional Three (3) photographs and A UTECH or UWI Application Form.	<input type="radio"/>	<input type="radio"/>

Documents should be certified by a JP, Attorney at law, School Principal, Medical Doctor, Superintendent of Police, Minister of Religion or KCC Registrar

STATUS : **Accepted** **Not Accepted** **Deferred** **Referred for decision re: Matriculation**

COMMENTS: _____

HEAD OF DEPARTMENT SIGNATURE: _____ **REGISTRAR'S SIGNATURE:** _____

DATE: _____ **DATE:** _____

NOTE

1. Return forms with **ALL ACCOMPANYING DOCUMENTS** to the Registry on the respective Campus by **January 31** for the **Registered Nursing (UWI)** programme and by **August 31** for all other programmes.
2. A non-refundable application fee of **J\$1100.00 or US equivalent** MUST be paid at the Accounts Office before collection or upon submission of this application form..

Updated April 10,2015