

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 DISABILITIES**? 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 <input type="checkbox"/> No <input type="checkbox"/>
Interest Inventory Mapping:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Grade 9 Diagnostic Evaluation Score:	Math _____ English _____
Interest Inventory	_____
Student Placed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Programme Recommended:	<input type="checkbox"/> 6th Form Pathway #1:- Traditional <input type="checkbox"/> 6th Form Pathway #2:- Technical <input type="checkbox"/> 6th Form Pathway #3:- General
Orientation Completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	_____ _____ _____
Processed by :	_____
Name	Position
Signature:	Date / /