

CARIBBEAN UNION COLLEGE SECONDARY SCHOOL

APPLICATION FOR ADMISSION



Year of application _____

Caribbean Union College Secondary School
P.O. Box 175, Port-of-Spain
Trinidad & Tobago, W.I.

Name: _____
LAST FIRST MIDDLE

Home Address _____

Phone # (Home) _____ Cell# _____

Date of Application: _____

Date of Birth _____ Sex: Male { } Female { }

Country of Birth _____ Country of Citizenship: _____

Religion: _____

Do you have any medical condition that may result in an emergency or which may require the use of medication during school (e.g., Asthma) Yes () No ()

If yes, Explain _____

Father's Name: _____ Telephone#(Home): _____
(Work): _____

Father's Address: _____

Place of Work: _____

Mother's Name _____ Telephone#(Home): _____
(Work) _____

Mother's Address: _____

Place of Work _____

Parents Status: Married () Separated () Single () Deceased ()

Name and Address of person responsible for payment of fees.

Why did you decide to attend this school?

Do you have any close relatives or family members who are presently attending this school?

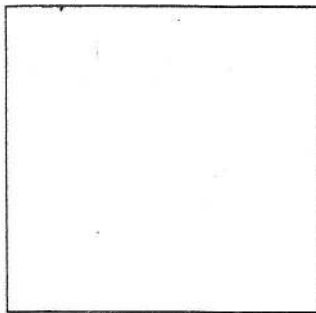
If yes, Name: _____

Have you ever been suspended or expelled from a previous school? Yes () No ()

If yes, Why: _____

Have you ever been convicted for any offense? Yes () No (✓)

If yes, Explain: _____



(Photograph)

Recommended to be filled out by your last Principal

Name of Student: _____

Name and Address of School: _____

Name of Principal (Block Letters): _____

Please indicate your opinion of this student by placing the following letters next to the characteristics given below:

A- Excellent B- Good C- Satisfactory D- Unsatisfactory

CHARACTERISTICS:

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Conduct		Honesty	
Attendance		Dependability	
Punctuality		Courtesy	
Attitude to Authority		Genuineness	
Ability to do Secondary work		Ability to get along with others	
Academic Motivation		Leadership Ability	
Department		All Round Promise as a Student	
Industriousness		Personal Appearance	
General Health Condition		Positive Influence	

For how long have you known the applicant? _____

Does the Applicant, to your knowledge, use tobacco? _____ alcohol _____ illegal drugs? _____

Please give any information that may be helpful in assessing the individual.

Date: _____ Principal's Signature: _____

For Official Use Only

Student Accepted ():

Not Accepted ()

Date Considered: _____ Form Placement: _____

Comments _____

Principal's Signature: _____

Educational Background

Primary School Completed: Yes () No ()

Class reached: Std: _____

External Examinations passed: Common Entrance SEA School Leaving

Date: _____

Form Reached in Secondary School: I () II () III () IV () V ()

No. of CXC/GCE passes obtained: _____

Subjects passed and grades obtained: _____

General Declaration

I, _____ (Name of Applicant) declare that all statements contained in this application are true to the best of my judgment and belief.

Signature of Applicant

Signature of Parent/Guardian

Date: _____

Student's Pledge: I, _____ pledge to do my best to abide by the school rules, wear the school uniform correctly and respect the school at all times.

Parent's/ Guardian's Pledge: I, _____ pledge to assist _____ in upholding the standards of your Secondary School.