

KNOX COMMUNITY COLLEGE

Photograph

Spalding Campus - P.O. Box 52, Spalding, Clarendon
 Tel: (876)987-8047, 987-8049, 987-8056, 964-0913, 964-0752
 Fax: (876) 987-8048

Cobbla Campus - P.O. Box 52, Spalding, Clarendon
 Tel: (876)964-4446, 964-3596-7
 Fax:(876)964-4459

Mandeville Campus 6^a Greenvale Road, Mandeville,
 Tel: (876) 962-5127/961-4498 Fax (876) 962-5127

May Pen Campus Foga Road, Denbigh, May Pen
 Tel (876) 902-0653/786-2244



Website www.knoxcommunitycollege.edu.jm Email address: knoxcollege@jamaica.com

STUDENT APPLICATION (For Non-Education Students)

READ CAREFULLY

- Complete form in block capitals, legibly and accurately (**Forms not properly completed will not be processed**)
- Return form with **ALL ACCOMPANYING DOCUMENTS** to the Registry on the respective Campus by **JUNE 30. LATE APPLICATIONS WILL ATTRACT A PENALTY.**
- A non-refundable fee of J\$350 or US equivalent **MUST** be paid at the Accounts Office before collection of this application form or upon submission of this application form downloaded from the College's website.

PICTURES, REFERENCES AND OTHER SUPPORTING DOCUMENTS BECOME THE PROPERTY OF THE INSTITUTION AND WILL NOT BE RETURNED

Documents which have been tampered with or altered **WILL NOT BE PROCESSED**

FOR OFFICE USE ONLY

SUPPORTING DOCUMENTS	Received	Outstanding
1. Two (2) References written within the last six (6) months	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified copy of most recent School Report/Transcript/TOEFL official score report	<input type="checkbox"/>	<input type="checkbox"/>
3. Certified Examination Results	<input type="checkbox"/>	<input type="checkbox"/>
4. A completed Medical Form (obtained from the College)	<input type="checkbox"/>	<input type="checkbox"/>
5. Three (3) or Six (6) CERTIFIED PASSPORT SIZE PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>
6. Original Birth/Marriage/Deed Poll Certificate	<input type="checkbox"/>	<input type="checkbox"/>

STATUS: ACCEPTED REJECTED ON HOLD DEFERRED

REGISTRAR'S SIGNATURE _____ DATE: _____

1. Application for academic year _____ - _____

2. PERSONAL DATA:-

SURNAME:	FIRST NAME:	MIDDLE NAME
"PET NAME"	DATE OF BIRTH Day Month Year	NATIONALITY:
GENDER: Male [] Female [] Title: Mr [] Miss [] Mrs []	RELIGIOUS PERSUASION:	TAX PAYER REGISTRATION #:
HOME ADDRESS:		
Contact Numbers:	Home:	Mobile
E Mail Address:		
NAME & ADDRESS OF PARENT/GUARDIAN/NEXT OF KIN:		
Contact Number:	Home:	Mobile
IN CASE OF EMERGENCY CONTACT		
Name:		
Contact Number:	Home:	Mobile

Are you currently a staff member? Yes [] No []

Are you a dependent of a Knox Community College Staff member/Minister of the U.C.J.C.I.?

Yes [] No [] If yes state relationship _____

Sponsor: Self [] Parent [] NYS [] SLB [] JAMVAT [] Other (please specify) _____

3. PROGRAMME APPLIED FOR: Full time Part-time Summer Modular

PROGRAMME APPLIED FOR

CAMPUS

1st choice	
2nd choice if any	

Would you consider doing either of these programmes on another campus where it is also offered? Yes [] No []

If yes, state alternative campus _____

HAVE YOU APPLIED TO THIS COLLEGE BEFORE YES [] NO []

IF YES Year: _____ Campus: _____ Programme: _____ I.D. # : _____

EDUCATIONAL BACKGROUND:

SCHOOLS ATTENDED:	YEARS:

EXAM RESULTS:

Examining Body	Subject	Year	Level: CXC/Cape Etc	Grade/Range obtained

WORK EXPERIENCE

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

CXC/GCE/CAPE STUDENTS ONLY SUBJECT TO BE TAKEN

1. _____
2. _____
3. _____
4. _____
5. _____

I found out about Knox Community College from:

Family Current Student Media/Ad Knox Web Site
 Past student Member of staff Knox Visit to My School Other Specify _____

FOR NON JAMAICANS ONLY

Is English your first language? (Native) Yes [] No [] If no please indicate if you have taken the Test of English as a Foreign Language (TOEFL) and your score. _____

This is to certify that I have read and followed the instructions for completing this application form. I acknowledge that the information given above is complete and accurate. I understand that false and fraudulent statements on this form may result in cancellation or denial of admission.

Student's Signature _____ **Date** _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION FORM

1. Two (2) References written within the last Six (6) months. (1) **MUST** be certified by the Principal of last school attended/last employer).
2. Certified copy of most recent school report and/or transcript
3. Certified copies of **EXAMINATION RESULTS**
4. The College's **MEDICAL FORM** completed and stamped by a Medical Doctor
5. **ORIGINAL COPY** of Birth, Marriage or Deed Poll Certificate. (where applicable)
6. **THREE (3) CERTIFIED** passport size photographs – taken within the last Six (6) months. ****NB** ALL APPLICANTS for UTech programmes must submit an additional THREE (3) Photographs and A UTECH Application Form.**

(Documents may be certified by J.P., Attorney-at-law, School Principal or KCC Registrar)

NB Knox Community College/UTech Boarding Forms may be collected at the Registry Knox Community College reserves the right to cancel any programme if the cohort is not viable