



MARCUS GARVEY TECHNICAL HIGH SCHOOL

Seville Road, St. Ann's Bay P.O. Box 159, St. Ann
Tel: 876-972-2237/794-8939
Email: mgarveytech1@yahoo.com

Application for Admission for the Post Secondary Programmes

Instructions

Applications are available online or can be collected at the Marcus Garvey Technical High School Main Campus. If you choose to apply online a copy of the completed form and all the supporting documents MUST be scanned and emailed to mgarveytech@yahoo.com.

List of Supporting Documents

- Birth Certificate
- ONE letter of recommendation
- Picture Identification (Government or School ID)
- ONE Passport-Sized Photography of Student
- Taxpayer Registration Number (e.g. TRN)
- Examination Certificates (e.g. CSEC, CAPE, HEART LEVEL 1 OR 2)

SECTION A: PERSONAL DATA IDENTIFICATION NUMBER (Leave blank)

LAST NAME	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
FIRST NAME	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
MIDDLE NAME	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														

GENDER: ☐ FEMALE ☐ MALE

DATE OF BIRTH ____/____/____ (DD/MM/YY) EMAIL ADDRESS: _____

T.R.N.# _____

PERMANENT ADDRESS

MAILING ADDRESS: (If different)

TELEPHONE

Country of Birth Country of Citizenship Country of Residence

Next of kin (NOK):

<i>Last Name/Surname</i>	<i>First Name</i>	<i>Middle Name(s)</i>

Relationship to Applicant _____

Home/Permanent Address _____

Home Phone Number _____ Cellular Phone Number _____ Workplace Number _____

Fax _____ E-mail Address _____

SECTION B: PROGRAMME DETAILS

Skill Training Preference

Career Choice:

List Top Three Skill/ Program Areas in Order of Preference

- 1.
- 2.
- 3.

Previous Class:
New To School:

List of Programs

Technical Six Form	Associate Degree
<ul style="list-style-type: none">General ConstructionHospitality Villa Service and Other PropertiesPlumbing	Hospitality, Tourism Management Program HTMP)

Traditional Six Form Yr1

- Management of Business
- Tourism
- Communication Studies
- Entrepreneurship
- Physical Education

Please Note: Application fee of \$1500 is NON-REFUNDABLE

Section C: Emergency Contact Person

Title ()

Last Name/Surname	First Name	Middle Name(s)
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Relationship to Applicant

Home/Permanent Address

Home Phone Number Cellular Phone Number Workplace Number

Fax E-mail Address

Section D: Secondary Education Information

Educational Background

Name of School	Type (Eg. Primary, Secondary)	Year Graduated	Certificate Achieved (High School Diploma/Certificate)

CO-CURRICULAR INFORMATION

List any sporting/cultural activities/service clubs in which you have played an active role.

Do you play any musical instrument(s)?
(a) Yes () No() (b) If yes, please specify_____

SECTION E: ACADEMIC ACHIEVEMENT RECORD

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 (eg. NCTVET, CSEC, City & Guilds, etc.)

PATH BENEFIT

Have you ever received benefit from the PATH Programme? ☐ Yes ☐ No
If, yes kindly answer the following:
State the name of School through which PATH benefit was administered _____

PATH Identification number: _____

For what period was PATH benefit received? From _____ to _____
Year Year

HEALTH

Do you have any CHRONIC HEALTH condition(s)? (Eg. 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.

Applicant’s Signature _____ Date ____/____/____
(DD/MM/YYYY)

Parent’s Name & Signature _____ Date ____/____/____
(DD/MM/YYYY)

For Official Use Only

Grade 9 Diagnostic Evaluation Completed: ☐ Yes ☐ No ☐ Other _____

Grade 9 Diagnostic/Other Evaluation Score: Math _____ English _____ Other _____

Community Service Completed/Verified: ☐ Yes ☐ No _____

Documents Submitted: ☐ Photograph ☐ Birth Certificate ☐ TRN ☐ Immunization Card
☐ Examination Results/Certificate(s) ☐ Recommendation/Reference Form ☐ Parent/Guardian Consent Form

Application Status: ☐ Accepted ☐ Denied

Student Placed: ☐ Yes ☐ No ☐ Placement (Class/Group): _____

Programme Recommended: _____

Orientation Completed: ☐ Yes ☐ No

Comment(s):

Processed by: _____

Position

Signature: _____ Date: ____/____/____
