



**ST. GEORGE'S COLLEGE**  
Winchester Park, North Street,  
Kingston CSO  
Tel: 922-2707

**PRE-UNIVERSITY PROGRAMME (SIXTH FORM) APPLICATION FORM**  
**ACADEMIC YEAR 2024-2025**

**DEADLINE FOR APPLICATION IS WEDNESDAY, AUGUST 21, 2024 @ 2:00 PM**

Applicants **MUST** have a minimum of six (6) subjects to include English Language and Mathematics, preferably at one sitting at CSEC with Grade 1 or 2 in pre-requisite subjects needed to pursue courses at the CAPE level. Please print, fill out and submit this form to the Office of the Bursar. A non-refundable processing fee of \$5000 must be paid in full at the Office of the Bursar-St. George's College. A Recommendation Form **MUST** also be downloaded and filled out by the Principal of your current school.

**APPLICANT'S DETAILS**

<b>1. Surname:</b>	<b>2. First name:</b>
<b>3. Date of birth:</b> /        /	<b>4. Age:</b>
<b>5. Permanent address:</b>	
<b>6. Applicants contact:</b>	/
<b>7. Applicant's email:</b>	/

**PARENT DETAILS**

<b>8. Mother's name:</b>		
<b>9. Mother's Email:</b>	<b>10. Occupation:</b>	
<b>11. Place of work:</b>		
<b>12. Mother's Contact:</b>	(work)	(cell/home)
<b>13. Father's name:</b>		
<b>14. Father's email:</b>	<b>15. Occupation:</b>	
<b>16. Place of work:</b>		
<b>17. Father's Contact:</b>	(work)	(cell/home)
<b>18. Guardian's name:</b>		
<b>19. Relationship</b>		
<b>20. Guardian's Email:</b>	<b>21. Occupation:</b>	
<b>22. Guardian's Place of work:</b>		
<b>23. Guardian's Contact:</b>	(work)	(cell/home)

<b>24. Indicate Support/Sponsorship:</b>	Self	<input type="checkbox"/>	other	<input type="checkbox"/>
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<b>25. Name of awarding body/sponsor:</b>	
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<b>26. Name of Secondary school (s) attended</b>	<b>27. Name and address of two referees.</b>
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School	From	To

<b>Principal:</b>
<b>Teacher:</b>





<b>34. Goals and Objectives:</b>	
<b>35. Application for</b>	6-1 <input type="checkbox"/> 6-2 <input type="checkbox"/>
<b>36. Applicant's Signature:</b>	<b>Date:</b>
<b>37. Parental Consent:</b>	
This certifies that I am fully responsible for: _____ if he/she is accepted to attend St. George's College Sixth Form and will to the best of my ability be able to finance his/her school fees and expenses.	
<b>38. Signature of Parent:</b>	<b>Date:</b>
<b><u>NOTEWELL:</u> THE SUBMISSION OF AN APPLICATION FORM DOES NOT GUARANTEE AN ACCEPTANCE TO OUR PRE-UNIVERSITY PROGRAMME. ONLY QUALIFIED APPLICANTS WILL BE SHORTLISTED AND CONTACTED. PLEASE SUBMIT FORMS FOR APPLICATION EVEN IF DOCUMENTS ARE OUTSTANDING.</b>	

Thank you for showing an interest in joining our Sixth Form Programme. **Only short-listed students will be contacted** for interview or to talk through their application, plans for the future and suitability of subject choices.

<b>FOR OFFICE USE ONLY</b>	
<b>COMPLETED DOCUMENTS SHOULD BE RETURNED WITH THE FOLLOWING:</b>	
<b>Two recent passport size photos</b> <input type="checkbox"/>	<b>Two recent references</b> <input type="checkbox"/>
<b>Proof of exam grades</b> <input type="checkbox"/>	<b>Application fee of \$5000 paid</b> <input type="checkbox"/>
<b>Certified copy of birth certificate</b> <input type="checkbox"/>	<b>Interview date:</b>
ID #: _____ Contacted: Phone/E-mail/Mail (1)    Date _____    Initials _____	
<b>ACCEPTED</b> <input type="checkbox"/>	<b>REJECTED</b> <input type="checkbox"/>
<b>Signature/stamp</b>	