



# CARIBBEAN POLYTECHNIC INSTITUTE

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**One  
Photograph  
to be  
Attached**

## Registration Form

### SECTION A

#### PERSONAL DATA

Surname: \_\_\_\_\_ Christian name (s) \_\_\_\_\_  
 Middle Name(s) \_\_\_\_\_ Also Known as \_\_\_\_\_  
 Title: (Mr., Mrs., Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

### SECTION B

#### NEXT OF KIN/CONTACT PERSON

Surname: \_\_\_\_\_ Christian name (s) \_\_\_\_\_  
 Middle Name(s) \_\_\_\_\_ Also Known as \_\_\_\_\_  
 Title: (Mr., Mrs., Ms.) Mailing Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

### SECTION C

#### COURSE(S) TO BE PURSUED

COURSE NAME	CODE

### SECTION D

**QUALIFICATIONS**

Secondary Level Completed		Tertiary Level Completed			
School	Examinations Passed	Post Secondary/College	Award	University	Award

**SECTION E**

**EMPLOYMENT DETAILS**

Company Name	Job Title	Summary of Work Experience

I hereby certify that the information given by me on this registration form is true, complete and accurate to the best of my knowledge. I further understand that any fraudulent statement will result in immediate dismissal from the programme.

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION F**

**FOR OFFICE USE ONLY**

Registration fee paid.       Yes       No

Tuition Fee(s) paid:      **Total \$** \_\_\_\_\_

Date Received \_\_\_\_\_ Financial Status \_\_\_\_\_

Officer's Signature \_\_\_\_\_ Date: \_\_\_\_\_