



PORTMORE COMMUNITY COLLEGE

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INSTRUCTIONS:

1. Read the accompanying information sheet before completing this form.
2. Ensure that the application form is fully completed in **BLOCK CAPITALS, LEGIBLY and ACCURATELY**.
3. Return completed application form with relevant supporting documents to the Registry, by **July 30**.
4. A non-refundable application fee **MUST** be paid to the Accounts Department **BEFORE** submission of application forms.

NB: All documents become the property of the institution and will not be returned. Documents which have been tampered with **will not be processed**. Incomplete application forms **will not be processed**.

Student Application
Academic Year 20 __ / 20 __

Affix one (1) photograph here

SECTION A: PERSONAL DATA

1. TITLE: MISS MRS MR OTHER

SURNAME: _____ FIRST NAME: _____ MIDDLE NAME(S): _____

MAIDEN NAME: _____

2. GENDER M F AGE: DATE OF BIRTH:

3. NATIONALITY: _____ 4. TAX PAYER REGISTRATION #: _____

5. PERMANENT ADDRESS:

6. MAILING ADDRESS:

(If different) _____

7. TELEPHONE # _____ (C) # _____ (W) # _____ EMAIL _____

8. NAME OF NEXT OF KIN: _____

ADDRESS: _____

RELATIONSHIP TO APPLICANT: _____

TELEPHONE # _____ (C) # _____ (W) # _____ EMAIL _____

9. Are you a PCC staff member? Yes No

10. Are you a dependent of a PCC staff member? Yes No

Department: _____

Name of staff member: _____

11. Do you have a disability? Yes No

Please specify: _____

SECTION B: PROGRAMME

12. SELECT DEPARTMENT OF CHOICE:
- BUSINESS AND PROFESSIONAL STUDIES
 - COMPUTER STUDIES AND MATHEMATICS
 - PURE AND APPLIED SCIENCES
 - ARTS & HUMANITIES
 - NURSING
 - CONTINUING STUDIES

13. PROGRAMME: FIRST CHOICE : _____
SECOND CHOICE: _____

SECTION TO BE COMPLETED by CSEC, CAPE applicants:

- CSEC CAPE

List the subjects of choice:

