



MONEAGUE COLLEGE

MONEAGUE CAMPUS (MONEAGUE, ST. ANN): 973-0489/0461, 794-1233
 LINSTAD CAMPUS (ST. HELEN'S CHURCH): 985-9691
 PORT MARIA CAMPUS (LLANDRUMNEY SQUARE): 992-5714-5

APPLICATION FORM

PLEASE ATTACH A PHOTOGRAPH

Signed by a J.P.,
 Minister of Religion or
 Principal

APPLICATION PROCEDURE:

- Complete **all relevant sections** of Application form. (Use **BLOCK CAPITALS** where appropriate)
 - Ensure all documents to be completed by officials are also stamped.
 - Submit **ALL** of the following documents, stapled in the following order, to the Registry Department/ Administrative Office at the relevant campus (Check the item once you have obtained the document);
 - Application form (fully & accurately completed)
 - 2 recent (taken within the last 6 months) passport photos stamped by a J.P. , Minister of Religion or Principal & stapled in the designated area
 - 2 Reference forms (signed and stamped by referees)
 - 1 Copy of **NEW** Birth Certificate (**printed version** from National Registry)
 - 1 Copy of Immunization Card
 - 1 Copy of Marriage Certificate (if applicable)
 - CSEC/ CXC results **OR** 1 Copy of Official Exam Time Table (for those awaiting exam results)
 - Summary of Interview Page (For Official Use Only)
- All originals must be presented for verification**
- No application will be accepted without **ALL DOCUMENTS** completed.
 - Call the Administrative Office the second week in March to find out if you were short listed and the dates for the Entrance Examination. Only short-listed persons will be invited to return for an Entrance Examination.
 - Request the **Boarding Application Form**, if needed.
- The Medical Report Form **must be completed by a doctor and submitted to the nurse, in the first week of classes.**

FOR OFFICIAL USE ONLY
 A P CA NA
 Acceptance Date: _____

Please Note:

- All applications must be delivered to the office. **Do not send applications in the mail**, as this may cause your application to be late, and it may not be processed.
- Only applicants who are accepted will be given an Acceptance Package to register for classes.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME (if applicable)

Phone #:	Cellular #:	TRN:	Email

CAMPUS: Moneague <input type="checkbox"/> Port Maria <input type="checkbox"/> Linstead <input type="checkbox"/>	FOR OFFICIAL USE ID#: _____
MODALITY: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	

ASSOCIATE & BACHELOR PROGRAMMES

Teacher Education (TCJ) (shade 1 programme of choice)

Primary

Early Childhood

Secondary Business

Secondary Information Technology

Advanced Standing: Bachelors in Education (Dip. Req.)

Community College (CCCJ)

Business Studies

Hospitality & Tourism Management

Management Information Systems

Computer Servicing & Electronics

Environmental Studies

Social Work

Criminal Justice

Psychology

ASSOCIATE **BACHELORS**

TRANSFER STUDENTS ONLY:

PREVIOUS INSTITUTION: _____

YEAR/ LEVEL COMPLETED: 1st 2nd 3rd 4th

CERTIFICATE PROGRAMMES

Computer Studies

Information Technology Essentials (CISCO)

School Business Certificate

Hospitality Services

Graphic Design

Mixology Cake Baking /Decorating Yeast & Practice

Music (keyboard, drum, guitar) Floral Arranging

Other _____ (Not on List)

Pre-University (CAPE)

Pre-University Arts (CAPE)

Pre-University Science (CAPE)

Continuing Education (CSEC)

PERSONAL INFORMATION

ALIAS/ "PET NAME" (IF APPLICABLE): _____

HOME ADDRESS (STREET#/ APT# & NAME): _____

DISTRICT/ TOWN NAME: _____

PARISH: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

BIRTH DATE (dd/mm/yyyy): _____ **NATIONALITY:** _____ **NIS** (IF APPLICABLE): _____

GENDER: MALE

FEMALE:

MARITAL STATUS: Single Married Divorced Separated Widowed

NEXT OF KIN: _____ **RELATION:** _____

EMERGENCY CONTACT NAME (1): _____

PHONE#: _____ CELL#: _____

EMERGENCY CONTACT NAME (2): _____

PHONE#: _____ CELL#: _____

RELIGION: _____ **DENOMINATION:** _____

Does your religion prevent you from participating in any activity? Yes No (If Yes, please state activity below)

Do you have any special needs? Wheelchair access Medical facilities Other _____

For further details, please refer to the college's Medical form, to be submitted to the Nurse at the Wellness Centre.

Have you previously applied to Moneague College? Yes No (If Yes) Year _____

Were you previously enrolled in a programme at Moneague College? Yes No

(If Yes) Year _____ Programme _____ ID# _____ Campus: _____

Are you a member of Staff at the college? Yes No

(If Yes) Campus _____ Department _____

Do you have a family member on staff at the college? Yes No (If Yes, please name) _____

Campus _____ Department _____

How did your hear about Moneague College? (Check all applicable boxes)

- | | | | |
|--|---|------------------------------------|--|
| <input type="checkbox"/> Family / Friend | <input type="checkbox"/> Brochure/ Flyer | <input type="checkbox"/> Gleaner | <input type="checkbox"/> My School's Career Fair |
| <input type="checkbox"/> Radio | <input type="checkbox"/> College Web site | <input type="checkbox"/> Observer | <input type="checkbox"/> Expo _____ |
| <input type="checkbox"/> Television | <input type="checkbox"/> Facebook/ Twitter | <input type="checkbox"/> Directory | <input type="checkbox"/> Guidance Counselor |
| <input type="checkbox"/> Sports Event | <input type="checkbox"/> School Club/ Society _____ | | <input type="checkbox"/> Church _____ |
| <input type="checkbox"/> College Alumni | <input type="checkbox"/> Banner/ Billboard/ Road Sign | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> PTA Meeting | | | |

EDUCATION AND QUALIFICATIONS

SECONDARY EDUCATION

List all subjects taken and grades received, including those pending, and those not passed. Please provide an official copy of the CSEC timetable for subjects pending. Original certificates of subjects passed & copies must be provided. In some cases a transcript from Overseas Examinations (CSEC Head Office in Kingston) may be required. Exam Body refers to CSEC, GCE, SSC etc.

SUBJECT	EXAM BODY	GRADE/ RESULT	YEAR TAKEN	INSTITUTION	ADDRESS OF INSTITUTION	Dates (From - To)

TERTIARY EDUCATION

Transcripts from previous institutions must be sent directly to Moneague College from tertiary qualifications listed. Copies of or hand delivered transcripts will **not** be accepted. In cases where exemptions are requested, verified Course Outlines must be provided for those specific courses. Exemptions must be requested by the stipulated deadlines. **NB. Students must attend the class they are requesting exemptions for until they receive official confirmation they have been exempted from the course.**

INSTITUTION NAME	ADDRESS OF INSTITUTION	DATES From -To	CERTIFICATION LEVEL (B. Sc. Dip, Cert.)	SPECIALIZATION	GPA	CLASS OF AWARD (Hon, Cred, Pass)

EMPLOYMENT HISTORY

Please list in chronological order starting with the most current and include all employment and voluntary/ required community service. **If applying for mature entry** into a programme, please include a job letter from your current or previous employer and a portfolio of work & projects completed for Prior Learning Assessment. In some cases this portfolio will be assessed by the relevant head offices (TCJ/ CCCJ) for approval.

COMPANY/ EMPLOYER	SUPERVISOR	PHONE #	POSITION HELD	DUTIES PERFORMED	DATES (From – To)

FINANCIAL DECLARATION (Please check all applicable boxes.)

All applicants are encouraged to begin exploring options to pay their tuition and/ or boarding fees before being accepted.

Sponsor/ Funding:

- Self/ Personal savings:
- Family/ Friend (Name): _____ Relation: _____ Phone#: _____ Cell#: _____
- Employer (Organization/ Contact Name): _____ Phone#: _____ Cell#: _____
- Church (Name): _____ Contact Person: _____ Phone#: _____ Cell#: _____
- Scholarship (Organization Name): _____ Contact Person: _____ Phone#: _____
- Student Loan Bureau (Are you approved? Yes No. If No, Is your application being processed? Yes No.)
- JAMVAT (Jamaica Values & Attitudes) (Are you approved? Yes No. If No, Is your application being processed? Yes No.)
- National Youth Service (Are you approved? Yes No. . If No, Is your application being processed? Yes No.)
- Bank Loan (Are you approved? Yes No. . If No, Is your application being processed Yes No.)
- Other _____

How do you intend to pay? Full tuition 50% each semester Other Part Payment Plan

Students not paying in full will be required to pay a 2% interest on any balance incurred after the September Registration deadline. Students not paying in full will be required to present financial documents to supplement their request for a payment plan. All payment plans must be approved by the Compliance Officer/ Bursar, in order for the student to register, after acceptance.

List of financial documents (Please provide documents relevant to your payment plan, **after acceptance**)

- Bank Statement/ Loan Approval Scholarship letter
- Student Loan Approval letter/ Contract National Youth Service Approval
- Commitment Letter with Organization & Contact Name JAMVAT Approval Other Document

SPORTS/CLUBS/ SOCIETIES

Do you play any sports? Yes No (If yes, please check all appropriate boxes)

- Basketball Football Cricket Netball Other _____

Do have any musical talent? Yes No (If yes, please check all appropriate boxes)

- Play an instrument _____ Sing (Soprano, alto, bass) _____ Other _____

Do you have any other talents? Yes No (If yes, please check all appropriate boxes)

- Dancing Art & Craft Story/ Poetry Writing Drama Other _____

Were you a member of any club or society? Yes No (If yes, please check all appropriate boxes)

- Student Council Body Key Club Drama Club Debating Club Spanish Club
- Red Cross Girl Guides Boys Brigade Cadets Environmental Other _____

Office/ Position Held: _____ Period/ Year in Office: _____

Duties of Office: _____

Projects/ Special Events: _____

Other Hobby/ Interest: _____

PRE-UNIVERSITY (CAPE) SUBJECTS (Please check all subjects you intend to take)

- Pure Mathematics Chemistry Geography Communication Studies
- Physics Economics Caribbean Studies Literatures in English
- Biology Sociology Spanish Law
- Information Technology History

CONTINUING EDUCATION (CSEC) SUBJECTS (Please check all subjects you intend to take)

- Mathematics Principles of Accounts Physics Information Technology
- English A (Language) Principles of Business Chemistry Social Studies
- English B (Literature) Caribbean History Biology Human & Social Biology

CAREER PATH

In order to help ensure your success in your chosen programme, we the staff at Moneague College would like to know your career goals. This will help us in guiding you academically.

Intended Career: _____

PERSONAL STATEMENT

Briefly state your reason for choosing this career. (1st choice)

SECOND CHOICE

In the event that you are not accepted for your 1ST choice, please review our list of programmes for a 2nd choice.

2nd PROGRAMME: _____

DECLARATION OF UNDERSTANDING

I hereby declare that all information on this application form is complete and accurate and that I understand that ANY fraudulent statement made on this application may result in the denial of admission to Moneague College.

I hereby declare that if accepted, I will abide by and comply with ALL the rules and regulations of the college and understand that failure to comply with these rules and regulations can result in suspension or expulsion from the college.

I hereby declare that if accepted, I assume all responsibility for my tuition and / or boarding fees to be paid, in accordance with the required payment plan, as required by the college. I understand that non-payment of fees by the stipulated deadline will result in my being barred from sitting the end of semester examinations.

(Applicants under the age of 18 yrs. old, must have the signature of a parent or guardian. Rules, regulations, rights and policies will be made available in the Student Handbook during Orientation.)

Student Signature

Parent/ Guardian Name & Signature (if applicable)

Date

FOR OFFICIAL USE ONLY

Student Name: _____ Programme: _____

APPLICATION CHECKLIST

- Completed Application Form
- Two Completed Reference Forms
- Two Passport Photos (name at back)
- CSEC/GCE Results (copy)
- Birth Certificate (copy) PRINTED
- Immunization Card
- Marriage Cert (if applicable) PRINTED
- Transcript (if applicable)
- Deed Poll (if applicable)
- Other _____
- Other _____
- Other _____

Please sign & Date when Original Seen

Date received: _____

Received by: _____

MATRICULATION FOR PROGRAMME

SUBJECT	GRADE	YEAR
1. Mathematics		
2. English A		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Total Number of subjects: _____

Fully Matriculated: Yes No

If 1 Subject Outstanding: _____

If student has more than 1 subject outstanding, please check students' 2nd choice (pg. 5). If student does not matriculate for 2nd choice, please recommend Continuing Education, in order for them to matriculate.

ENTRANCE EXAM

Subject	Result
Math	
English	
General Knowledge	
Learning Style	
TOTAL	

INTERVIEW EVALUATION

Excellent= 5, Good= 4, Average= 3, Weak= 2,
Needs Improvement= 1

CHARACTERISTICS	SCORE
Appearance & Deportment	
Conduct & Social Skills	
Expression, Speech, Grammar	
Awareness of Current Events	
Readiness for College	
Understanding of Programme of Choice	

COMMENTS: _____

FINAL ASSESSMENT

- Accepted (Fully matriculated)
- Conditionally accepted (1 subject pending)
- Pending official results
- Pending official documents
- Pending review for 2nd choice
- Needs to matriculate (Continuing Education)
- Recommended for Certificate
- Not suitable candidate for college

Certificate: _____

Interviewed by: _____

Name & Signature

Date: _____

Position/ Title: _____

MONEAGUE COLLEGE

CHARACTER REFERENCE FORM #1

**#1 To be completed by Past Principal/ Teacher/Guidance Counselor of Previous school
(If you are related to the applicant, please do not complete this form.)**

APPLICANT NAME: _____

PROGRAMME APPLYING FOR: _____

To be completed by a non-relative

Referee Name: _____

Organization Name: _____

Position: _____

Phone #: _____ **Office/ Cell#:** _____ **Email:** _____

How many years have you known this applicant? _____

How do you know this applicant? Student Church member Community Project _____
 Employee Other _____

Please rate the applicant to the best of your knowledge, using the categories below:

Excellent= 5, Good= 4, Average= 3, Weak= 2, N/A= If you do not know the applicant in this capacity.

CATEGORIES	SCORE
Work Ethic	
Responsibility	
Maturity	
Organization/ Efficiency	
Respect for Authority	
Respect for Peers	
Motivation	
Initiative	
Ability to Adapt to Change	
Team Spirit/ Ability to work with others	

SCHOOL STAMP/ SEAL

*Required *

Comments: _____

Thank you for your contribution.

MONEAGUE COLLEGE

CHARACTER REFERENCE FORM #2

(If you are related to the applicant, please do not complete this form.)

APPLICANT NAME: _____

PROGRAMME APPLYING FOR: _____

To be completed by a non-relative eg. Past teacher, guidance counselor, pastor/ priest, Justice of the Peace, or other professional known to the applicant.

Referee Name: _____

Organization Name: _____

Position: _____

Phone #: _____ Office/ Cell#: _____ Email: _____

How many years have you known this applicant? _____

How do you know this applicant? Student Church member Community Project _____
 Employee Other _____

Please rate the applicant to the best of your knowledge, using the categories below:

Excellent= 5, Good= 4, Average= 3, Weak= 2, N/A= If you do not know the applicant in this capacity.

CATEGORIES	SCORE
Work Ethic	
Responsibility	
Maturity	
Organization/ Efficiency	
Respect for Authority	
Respect for Peers	
Motivation	
Initiative	
Ability to Adapt to Change	
Team Spirit/ Ability to work with others	

**SCHOOL / ORGANIZATION
STAMP/ SEAL**

Required

Comments: _____

Thank you for your contribution.

MONEAGUE COLLEGE

MEDICAL REPORT FORM

(CONFIDENTIAL)

PLEASE SUBMIT TO THE NURSE AFTER ACCEPTANCE WITH A COPY OF YOUR IMMUNIZATION CARD

Deadline to submit: Last Friday in September **(Friday September 25, 2015)**

Personal Information

Name: _____ Gender: Female Male
First Name Middle Last Name

Birth Date: _____ Age: _____ Home Phone/Cell: (____) ____ - ____
Month Day Year

Marital Status: Married Single Divorced Widow(er) No. of Children: _____

Address: _____ Desired Programme: _____
Number and Street

Next of Kin: _____ Address: _____
First Name Last Name Relation Number and Street

Family History

Diabetes: Yes No _____
State Relation

Epilepsy: Yes No _____
State Relation

Asthma: Yes No _____
State Relation

Heart Disease: Yes No _____
State Relation

Mental Illness: Yes No _____
State Relation

Hypertension: Yes No _____
State Relation

Personal History

-- C. N. S --

Polio: Y N _____

Epilepsy: Y N _____

Mental Illness: Y N _____

Migraine: Y N _____

-- R.S --

Asthma: Y N _____

Bronchitis: Y N _____

-- MUSCULO-SKELETAL --

Arthritis: Y N _____

Fractures: Y N _____

-- C. V. S --

Congenital Heart Defects: _____ Hypertension: _____

Rheumatic Heart Defects: _____

-- E. N. T--

Sinusitis: Y N _____ Difficulty in Hearing: Y N _____

-- METABOLIC --

Diabetes: Y N _____ Other: Y N _____

-- MEDICAL TREATMENT --

Received: Y N If Yes, Specify _____

Doctor

F.N.P

Signature

Date

-- SURGERY--

Have you ever had Surgery? (Major/Minor) _____
Comments

-- GYNAECOLOGICAL--

Dysmenorrhoea _____ L.M.P _____

Abnormal Bleeding? _____

-- DRUGS --

Do you take any medication regularly? Y N _____
Comments

-- IMMUNIZATION--

B.C.G. _____ D.P.T. _____ Measles _____

Rubella _____ Polio _____

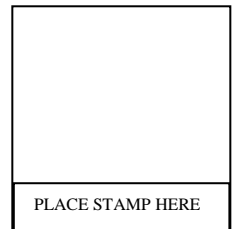
-- EXAMINATION --

Height _____ Weight _____ T _____ P _____ R _____ B/P _____ Ears _____

Nasopharynx _____ Chests _____ Breasts _____

Abdomen _____ C.N.S. _____ Musculoskeletal _____ Other _____

REMARKS



Doctor's Signature

Date

N.B. ABSENCE OF DOCTOR'S STAMP RENDERS MEDICAL REPORT INVALID