

11 DECLARATION (YOUR SIGNATURE IS REQUIRED BELOW. Without your signature your application cannot be processed.)

I hereby certify that the information provided in this application form is true and complete to the best of my knowledge. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentation or omissions may cause my application to be rejected and make me ineligible for admission to the College. I understand that if admitted to the College, falsified statements on this application shall be considered sufficient cause for

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Applicant's Signature: _____ Date _____

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Relation Parent Guardian

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(Print applicant's full name) _____
 Parent/Guardian's Signature: _____ Date _____

Sir Arthur Lewis Community College reserves the right to withdraw Programmes at any time, change any of the following: fees, calendar, curricula, programmes and any other requirement related to an academic programme. Changes will apply to both prospective students and those already enrolled.

Interests/Extra Curricular:

<input type="checkbox"/> Arts Club & Debating Society	<input type="checkbox"/> Environmental Club	<input type="checkbox"/> Photo Club
<input type="checkbox"/> Astronomy Club	<input type="checkbox"/> Fitness Club	<input type="checkbox"/> Red Cross Club
<input type="checkbox"/> College Choir	<input type="checkbox"/> French Club	<input type="checkbox"/> Science Club
<input type="checkbox"/> Creole Heritage Club	<input type="checkbox"/> Inter School Christian & College Fellowship	<input type="checkbox"/> Spanish Club
<input type="checkbox"/> Drama Club	<input type="checkbox"/> Lawn Tennis Club	<input type="checkbox"/> Volleyball Club
<input type="checkbox"/> Other	_____	

Instructions for Application Form:

You are required to complete an application form and submit it with an application fee of \$25.00. All relevant transcripts and **two certified copies** of certificates must be submitted with the application to the Registrar, Sir Arthur Lewis Community College. A request must be made to each certifying institution for an original transcript to be forwarded to the College. A certified English translation must accompany each certificate issued in a foreign language. **Application forms submitted without photographs, Certificates and transcripts will NOT be processed.** Application fees are not refundable.

We want to process your form as quickly as possible. Please help us by remembering the following:

- Use BLOCK CAPITALS when filling out the form.
- Use Black ink to fill out the form.
- Do not write outside the black border line.
- Do not write in the shaded box.

N. B. - Incomplete application forms will NOT be processed

1. Application Information:

Please indicate whether or not you are applying for the first time. Please note that full-time programmes usually commence in August/September of each academic year.

2. Personal Details:

Give your **title** (for example, Mr. or Miss), your **surname** and your **first or middle names** in the spaces provided.

Give your **date of birth**, your **sex** and your **age as of 1st September 2022**. This shows us how old you will be at the start of the new academic year. Your postal address is the address where you receive your mail and to which the College will send all correspondence.

We may need to contact you by phone. Please provide a **home phone number** and a **cell phone number**, if you have one.

Please give your **email address** if you have one. You should enter each symbol legibly in a separate box.

3. Further Details:

Country of birth Please give the name of the country where you were born. Give your **citizenship**. Persons who were born outside of St. Lucia but are St. Lucian citizens should provide proof of their citizenship. If you have a **disability, special needs or medical condition**, please indicate this, otherwise enter **N/A** for not applicable. If your home address is different from your **postal address** (for example, if you receive mail through a P.O. Box), please give your home address.

4. Contact Information:

Please provide the necessary contact information of a parent/guardian/spouse or next of kin.

5. Educational Background:

Give the names and addresses of the two most recent schools you have attended, listing your current school first.

6. Qualifications:

It is important that all the details in this section are filled out appropriately. If you are awaiting results, please enter the month and year that you will be sitting exams, the Examination body (for example, CXC, GCE, SALCC Courses), the subject and the level. Indicate **B** for Basic and **G** for General.

7. Employment History:

Please give the names and addresses of two of your most recent employers (if any).

8. Programme Selection:

Please read carefully the entry requirements in Section 3.0 of Application Guidelines document before making your programme selection.

9. Course Selection:

Please indicate the courses you wish to pursue from the list to be provided by the Department of Professional & Lifelong Learning and the College's website at www.salcc.edu.lc. Please note that Part-Time students may pursue up to a maximum of three (3) courses per Semester.

10. References:

Please provide the information requested. One of these should be your current school Principal, if you are at school or have recently left school; or your most recent employer if you have been employed. **Do not use names of relatives!**

11. & 12. Individual and Parent/Guardian Declaration:

Please read the declaration on the application form carefully. You must sign it or we cannot process your application. Please note: if you are presently under the age of 18, your parent or a guardian must sign section 13 of the application form in order for us to process the form.