

**THE PROFESSIONAL INSTITUTE OF MARKETING AND BUSINESS STUDIES LTD.**

**Student Enrolment Form**

**DATE OF BIRTH**

DD/MM/YYYY

<b>Student Surname/Family Name:</b>		<b>Student First Name:</b>	
<input type="text"/>		<input type="text"/>	
<b>Previous surname/family name (if applicable):</b>		<b>Title (Dr., Mr., Mrs., Ms., etc.):</b>	
<input type="text"/>		<input type="text"/>	
<b>Identification:</b> <i>I.D# or Passport # <u>only</u></i>	<b>Country of birth:</b>	<b>Country of permanent residence:</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Address:</b>		<b>Present Work Name &amp; Address (if applicable):</b>	
House/Apt#: <input type="text"/>	<input type="text"/>	Name: <input type="text"/>	<input type="text"/>
Street Name: <input type="text"/>	<input type="text"/>	Street Name: <input type="text"/>	<input type="text"/>
Town/City: <input type="text"/>	<input type="text"/>	Town/City: <input type="text"/>	<input type="text"/>
Country: <input type="text"/>	<input type="text"/>	Country: <input type="text"/>	<input type="text"/>
<b>Telephone Contact:</b>			
Home: <input type="text"/>	Mobile 1: <input type="text"/>	Work: <input type="text"/>	
Other: <input type="text"/>	Mobile 2: <input type="text"/>	Extension: <input type="text"/>	
<b>Email Address</b>			
Primary email address: <input type="text"/>			
Secondary email address: <input type="text"/>			

*Programme of Study*

<p align="center">(Professional)</p> <p><input type="checkbox"/> Short Course</p> <p>Name of Course: <input style="width: 150px;" type="text"/></p>	<p align="center">(Our Lady of Fatima High School)</p> <p><input type="checkbox"/> Form 1      <input type="checkbox"/> Form 4</p> <p><input type="checkbox"/> Form 2      <input type="checkbox"/> Form 5 (CXC)</p> <p><input type="checkbox"/> Form 3      <input type="checkbox"/> Form 6 (CAPE)</p>
<p><i>Time Option Preferred (1<sup>st</sup> And 2<sup>nd</sup> Choice):</i>      <input type="checkbox"/> Full-time   <input type="checkbox"/> Part-time   <input type="checkbox"/> Saturday</p>	

*Work Experience*

Employer Name	Address	Title and duties of post	Dates (mm/yyyy)
			<input style="width: 100%;" type="text"/> to <input style="width: 100%;" type="text"/>
			<input style="width: 100%;" type="text"/> to <input style="width: 100%;" type="text"/>
			<input style="width: 100%;" type="text"/> to <input style="width: 100%;" type="text"/>
			<input style="width: 100%;" type="text"/> to <input style="width: 100%;" type="text"/>
			<input style="width: 100%;" type="text"/> to <input style="width: 100%;" type="text"/>

**Educational Qualifications**

<b>Name of School/ University/ Institution attended</b>	<b>Address</b>	<b>Qualification/Award (include class/grade)</b>	<b>Dates (mm/yyyy)</b>
			<input type="text"/> to <input type="text"/>
			<input type="text"/> to <input type="text"/>
			<input type="text"/> to <input type="text"/>

**FEES:** At least one **FULL** installment towards tuition fees must be paid upon Registration if the option to pay tuition in installments is exercised. Once a student has commenced classes there will be:

1. NO REFUNDS
2. NO TRANSFER OF FEES

A rebate may be requested at least two weeks prior to the commencement of the relevant course, the following conditions will apply:

1. A valid reason must be submitted with the request for rebate
2. If the rebate is granted, a refund would be pro-rated on tuition only and registration fees will be withheld.

Such rebates will be given **TWO WEEKS** from the date of request.

If a student withdraws from a course the Student/Parent(s)/Guardian is liable to pay any outstanding fees up to the date of withdrawal according to the Fee Payment Agreement. Notification of withdrawal must be made to Administration by way of writing via email (at [pimbs1@gmail.com](mailto:pimbs1@gmail.com)) or written letter which should be delivered to the physical office.

**N.B.** All costs for the recovery of non-payment of outstanding fees will be borne by the applicant.

I understand that this registration is for **tuition only**.

I have accessed a copy of the Student Handbook (Rules and Regulations), which is available on PIMBS Ltd.'s website at <https://www.pimbsltd.com/admissions> , and hereby abide by the policies and conditions of The Professional Institute of Marketing and Business Studies Ltd. to which there are **NO EXCEPTIONS**.

Please type or sign your full name in the Text box below. If you are student over the age of 18 years old and are signing yourself up you must put your name and your National Identification, Driver's License or Passport Number. If the student is under the age of 18 years old you are a Parent or Guardian of the Student, the Full name of the Parent or Guardian must be typed in the box below and the National Identification, Driver's License of Passport Number of the Parent of Guardian must be filled in. A copy of the type of Identification must be submitted as a separate attachment to this form. By typing or signing your name in the box below and providing identification you are confirming that you or your child/ward are interested in enrolling at PIMBS Ltd.

Student/Parent/Guardian Signature (Typed above)

Date:

DD/MM/YYYY

Signatory's National I.D./ Driver's Licence/ Passport Number:

**THE PROFESSIONAL INSTITUTE OF MARKETING AND BUSINESS STUDIES LTD.  
Student Emergency Contact Information**

**Parent/Guardian**

<b>Surname/Family Name:</b> <input type="text"/>		<b>First Name:</b> <input type="text"/>	
<b>Telephone Contact:</b> Home: <input type="text"/> Work: <input type="text"/>		Mobile 1: <input type="text"/> Mobile 2: <input type="text"/>	
<b>Address:</b> <input type="text"/>		<b>Present Work Name &amp; Address (if applicable):</b> Name: <input type="text"/> Address: <input type="text"/>	

**Emergency contact 1**

<b>Surname/Family Name:</b> <input type="text"/>	<b>First Name:</b> <input type="text"/>	<b>Relationship:</b> <input type="text"/>	
<b>Telephone Contact:</b> Home: <input type="text"/> Work: <input type="text"/>	Mobile 1: <input type="text"/> Mobile 2: <input type="text"/>		
<b>Address:</b> <input type="text"/>		<b>Present Work Name &amp; Address (if applicable):</b> Name: <input type="text"/> Address: <input type="text"/>	

**Emergency contact 2**

<b>Surname/Family Name:</b> <input style="width: 95%;" type="text"/>	<b>First Name:</b> <input style="width: 95%;" type="text"/>	<b>Relationship:</b> <input style="width: 95%;" type="text"/>	
<b>Telephone Contact:</b>			
Home: <input style="width: 150px;" type="text"/>	Work: <input style="width: 150px;" type="text"/>	Mobile 1: <input style="width: 150px;" type="text"/>	Mobile 2: <input style="width: 150px;" type="text"/>
<b>Address:</b> <input style="width: 95%; height: 60px;" type="text"/>		<b>Present Work Name &amp; Address (if applicable):</b>	
		Name: <input style="width: 150px;" type="text"/>	
		Address: <input style="width: 150px;" type="text"/>	

**Medical Information**

<b>Doctor's Full Name:</b> <input style="width: 95%;" type="text"/>	<b>Dr. Office phone:</b> <input style="width: 95%;" type="text"/>	
<b>Other Telephone contact information:</b>	<b>Office/Clinic Name &amp; Address:</b>	
Clinic Phone: <input style="width: 150px;" type="text"/>	Office/Clinic Name: <input style="width: 150px;" type="text"/>	
After Hours Phone: <input style="width: 150px;" type="text"/>	Street Name: <input style="width: 150px;" type="text"/>	
Additional Phone Contact: <input style="width: 150px;" type="text"/>	Town/City: <input style="width: 150px;" type="text"/>	
<b>Allergies:</b> <input style="width: 95%; height: 50px;" type="text"/>	<b>Medical problems:</b> <input style="width: 95%; height: 50px;" type="text"/>	<b>Medication:</b> <input style="width: 95%; height: 50px;" type="text"/>
<b>Additional Notes/Information:</b> <input style="width: 95%; height: 100px;" type="text"/>		



THE PROFESSIONAL INSTITUTE OF MARKETING AND BUSINESS STUDIES LTD.

Phone Number: 391-7467 Email: [pimbs1@gmail.com](mailto:pimbs1@gmail.com)

Website: [www.pimbsltd.com](http://www.pimbsltd.com)

**Professional Institute of Marketing and Business Studies Ltd. – Student Survey**

The Ministry of Education is collecting data on the Education System in Trinidad and Tobago which is critical to policy decisions geared at improving this Education System. The following questionnaire is designed to aid the Ministry of Education in their data collection. Please read through the questions carefully and provide the appropriate responses.

NAME:

AGE:

CLASS:

SEX: Male  Female

DATE OF BIRTH:

Please provide a list of the subjects you are signing up to study at PIMBS Ltd.:

*This section is applicable to Students who have not been in school since 30<sup>th</sup> November, 2011*

DID YOU DROP OUT FROM A SCHOOL?

YES  NO

IF YES, PLEASE INDICATE NAME OF SCHOOL:

YEAR:

AREA:

Put a tick next to the appropriate response:

**Level:** CXC  CAPE

Which of the Caribbean Vocational Qualifications are you studying? (Tick accordingly)

- |  |  |  |
|--|--|--|
| Agriculture <input type="checkbox"/>       | Business <input type="checkbox"/>                | Communications <input type="checkbox"/>              |
| Construction <input type="checkbox"/>      | Energy <input type="checkbox"/>                  | Engineering and Maintenance <input type="checkbox"/> |
| Health <input type="checkbox"/>            | Information Technology <input type="checkbox"/>  | Manufacturing <input type="checkbox"/>               |
| Personal Services <input type="checkbox"/> | Tourism and Hospitality <input type="checkbox"/> | None of the Above <input type="checkbox"/>           |

**Religion:**

- |   |  |  |
|---|--|--|
| African Ethiopian Orthodox <input type="checkbox"/> | African Methodist Episcopal (AME) <input type="checkbox"/> | Anglican <input type="checkbox"/>                  |
| Bahal <input type="checkbox"/>                      | Baptist-Fundamental <input type="checkbox"/>               | Baptist-London <input type="checkbox"/>            |
| Baptist-Spiritual <input type="checkbox"/>          | Buddhist <input type="checkbox"/>                          | Church of God <input type="checkbox"/>             |
| Hindu-ASP Vedic <input type="checkbox"/>            | Hindu-KPA <input type="checkbox"/>                         | Hindu-Satanist (S.D.M.S.) <input type="checkbox"/> |
| Jehovah Witness <input type="checkbox"/>            | Methodist <input type="checkbox"/>                         | Moravian <input type="checkbox"/>                  |
| Muslim (ASIA) <input type="checkbox"/>              | Muslim (TIA) <input type="checkbox"/>                      | Muslim (TML) <input type="checkbox"/>              |
| Nazarene <input type="checkbox"/>                   | Open Bible <input type="checkbox"/>                        | Pentecostal <input type="checkbox"/>               |
| Presbyterian <input type="checkbox"/>               | Rastafarian <input type="checkbox"/>                       | Roman Catholic <input type="checkbox"/>            |
| Seventh-Day Adventist <input type="checkbox"/>      | Other: <input type="text"/>                                |  |

**Ethnicity:**

- |  |   |   |
|--|---|---|
| African (A) <input type="checkbox"/>           | East Indian (EI) <input type="checkbox"/>     | Chinese (Ch) <input type="checkbox"/>                           |
| Syrian/Lebanese (S/L) <input type="checkbox"/> | White/Caucasian (Ca) <input type="checkbox"/> | Mixed- African and East Indian (M-A&E) <input type="checkbox"/> |
| Mixed-Other (MO) <input type="checkbox"/>      | Indigenous (I) <input type="checkbox"/>       | Portuguese <input type="checkbox"/>                             |
| Other: <input type="text"/>                    |   |   |



Are you a repeater of the form you are currently in whether it was in another Secondary school or at Our Lady of Fatima High School?

Yes

No

Have you transferred from another Secondary school in Trinidad and Tobago or from a foreign country?

Yes

No

If yes, please give the name of the Secondary School you last attended:

## PARENT INFORMATION

Please tick the appropriate option to distinguish between whether the parent in question is a parent or guardian. This information is not needed if it was already given in a previous section of this application form

**INFORMATION OF Father**  **OR Male Guardian**

NAME:

ADDRESS:

WORK ADDRESS:

CONTACT INFORMATION:

Home:

Work:

Mobile:

**INFORMATION OF Mother**  **OR Female Guardian**

NAME:

ADDRESS:

WORK ADDRESS:

CONTACT INFORMATION:

Home:

Work:

Mobile: