

THE PROFESSIONAL INSTITUTE OF MARKETING AND BUSINESS STUDIES LTD.

DATE OF BIRTH ___/___/___ **Student Enrolment Form**

Day / Month / Year

<i>Student Surname/Family Name:</i>		<i>Student First name:</i>		<i>Attach Photo here</i>
<i>Previous surname / family name (if applicable):</i>		<i>Title (Dr., Mr., Mrs., Ms, etc.):</i>		
<i>Identification: I.D.# <u>or</u> Passport # <u>only</u></i>	<i>Country of birth:</i>	<i>Country of permanent residence:</i>		
<i>Address:</i>			<i>Present Work Name & Address (if applicable):</i>	
House / Apt. #: _____			Name: _____	
Street Name: _____			Street Name: _____	
Town / City: _____			Town / City: _____	
Country: _____			Country: _____	
<i>Telephone Contact:</i>				
Home: _____		Mobile 1: _____	Work: _____	
Other: _____		Mobile 2: _____	Extension : _____	

Programme of Study

(Professional)			(Our Lady of Fatima High School)	
<u>Course</u>			<u>Level</u>	
<input type="checkbox"/> ABE	<input type="checkbox"/> IAM	<input type="checkbox"/> CIMA	_____	
<input type="checkbox"/> CIM	<input type="checkbox"/> Uni London	<input type="checkbox"/> Berkeley	_____	
<input type="checkbox"/> Short Courses	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	_____	
<input type="checkbox"/> Other (specify) _____				
			<input type="checkbox"/> Form 1	<input type="checkbox"/> Form 4
			<input type="checkbox"/> Form 2	<input type="checkbox"/> Form 5 (CXC)
			<input type="checkbox"/> Form 3	<input type="checkbox"/> Form 6 (CAPE)
<i>Time Option Preferred (1st And 2nd Choice):</i>				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Saturday				

Work Experience

Employer	Address	Title and duties of post	Dates (mm / yyyy)
			____ / ____ to /
			____ / ____ to /
			____ / ____ to /

Work experience (Continued)

			____ / ____ to /
			____ / ____ to /

Educational Qualifications

Name of School / University / Institute attended	Address	Qualification / Award (include class / grade)	Dates (mm / yyyy)
			____ / ____ to /
			____ / ____ to /
			____ / ____ to /

FEES: Tuition fees are to be paid upon Registration
 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.

I understand that this registration is for tuition only.

N.B. All costs for the recovery of non-payment of outstanding fees will be borne by the applicant.
 I have received a copy of the Student Handbook (Rules and Regulations) and hereby agree to abide by the policies and conditions of The Professional Institute of Marketing and Business Studies Ltd. to which there are NO EXCEPTIONS.

Student / Parent / Guardian Signature: _____ Date: ____ / ____ / ____

Student / Parent / Guardian National ID Number _____

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

Parent / Guardian

<i>Surname/Family Name:</i>		<i>First name:</i>	
<i>Telephone Contact:</i>			
<i>Home:</i>	<i>Work:</i>	<i>Mobile 1:</i>	<i>Mobile 2:</i>
<i>Address:</i>		<i>Present Work Name & Address (if applicable):</i>	
_____		Name: _____	
_____		Address: _____	

Emergency contact 1

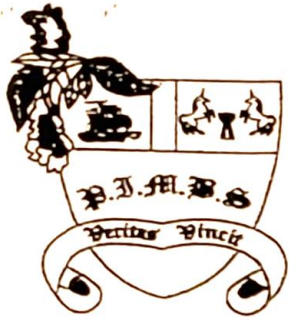
<i>Surname/Family Name:</i>	<i>First name:</i>	<i>Relationship:</i>	
<i>Telephone Contact:</i>			
<i>Home:</i>	<i>Work:</i>	<i>Mobile 1:</i>	<i>Mobile 2:</i>
<i>Address:</i>		<i>Present Work Name & Address (if applicable):</i>	
_____		Name: _____	
_____		Address: _____	

Emergency contact 2

<i>Surname/Family Name:</i>	<i>First name:</i>	<i>Relationship:</i>	
<i>Telephone Contact:</i>			
<i>Home:</i>	<i>Work:</i>	<i>Mobile 1:</i>	<i>Mobile 2:</i>
<i>Address:</i>		<i>Present Work Name & Address (if applicable):</i>	
_____		Name: _____	
_____		Address: _____	

Medical Information

<i>Doctor's Full Name:</i>		<i>Dr. Office phone:</i>
<i>Other Telephone contact information:</i>		<i>Office / Clinic Name & Address:</i>
<i>Clinic Phone:</i>	_____	<i>Office / Clinic Name:</i> _____
<i>After Hours Phone:</i>	_____	<i>Street Name:</i> _____
<i>Additional Phone contact:</i>		<i>Town / City:</i> _____
<i>Allergies:</i>	<i>Medical problems:</i>	<i>Medication:</i>
<i>Additional Notes / information:</i>		



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

Our lady of Fatima High School – 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 ()

Please provide a list of the subjects you are presently pursuing:

Put a tick next to the appropriate response:

<u>Level:</u>	CXC	()	CAPE	()
<u>Religion:</u>	Anglican	()	Buddhist	()
	Roman Catholic	()	Hindu KPA	()
	Hindu ASP	()	Hindu Sanatanist (S.D.M.S.)	()
	Muslim (ASJA)	()	Muslim (TIA)	()
	Muslim (TML)	()	Other _____	
<u>Ethnicity:</u>	African	()	Chinese	()
	Indian	()	White/Caucasian	()
	Mixed	()	Other _____	

Are you a repeater of the form you are currently in whether it was in another Secondary school or The 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:

PROFESSIONAL INSTITUTE OF MARKETING AND BUSINESS STUDIES LTD.

Student Data Capture Form

NAME: _____ DATE OF BIRTH (DD/MM/YYYY): _____

CURRENT FORM: _____ GENDER: (MALE / FEMALE) AGE: _____

DID YOU TRANSFER FROM A SCHOOL? (Y / N) IF YES, SCHOOL NAME: _____

Students, including repeaters who have come from other secondary (local or foreign).

YEAR: _____ AREA: _____

DID YOU DROP OUT FROM A SCHOOL? (Y / N) IF YES, SCHOOL NAME: _____

Students who have not been in school since 30th November, 2011

YEAR: _____ AREA: _____

WHAT RELIGION ARE YOU? (TICK ACCORDINGLY)

- African Ethiopian Orthodox
- Bahai
- Baptist - Spiritual
- Hindu - APS Vedic
- Jehovah Witness
- Muslim (ASJA)
- Nazarene
- Presbyterian
- Seventh-Day Adventist

- African Methodist Episcopal (AME)
- Baptist - Fundamental
- Buddhist
- Hindu - KPA
- Methodist
- Muslim (TIA)
- Open Bible
- Rastafarian

- Anglican
- Baptist – London
- Church of God
- Hindu - Sanatanist (S.D.M.S.)
- Moravian
- Muslim (TML)
- Pentecostal
- Roman Catholic

Other (Specify): _____

WHAT IS YOUR ETHNICITY? (TICK ACCORDINGLY)

- African(A)
- Syrian/Lebanese (S/L)
- Mixed- Other (MO)

- East Indian(EI)
- White/Caucasian(Ca)
- Indigenous (I)

- Chinese(Ch)
- Mixed- African and East Indian (M-A&E)
- Portuguese

Other (Specify): _____

WHICH OF THE CARIBBEAN VOCATIONAL QUALIFICATIONS ARE YOU STUDYING? (TICK ACCORDINGLY)

- Agriculture
- Construction
- Health
- Personal Services

- Business
- Energy
- Information Technology
- Tourism and Hospitality

- Communications
- Engineering and Maintenance
- Manufacturing

PROFESSIONAL INSTITUTE OF MARKETING AND BUSINESS STUDIES LTD.
Student Data Capture Form

PARENT INFORMATION

Please indicate whether the parent in question is a guardian or not by striking out the erroneous option.
Eg. If the person is my father and not a guardian, male guardian should be struck out (FATHER/~~MALE GUARDIAN~~)

NAME OF FATHER / MALE GUARDIAN: _____

ADDRESS OF FATHER / MALE GUARDIAN: _____

WORK ADDRESS OF FATHER / MALE GUARDIAN: _____

CONTACT NUMBERS: HOME: _____ WORK: _____ MOBILE: _____

EMAIL ADDRESS: _____

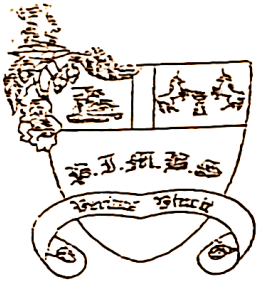
NAME OF MOTHER / FEMALE GUARDIAN: _____

ADDRESS OF MOTHER / FEMALE GUARDIAN: _____

WORK ADDRESS OF MOTHER / FEMALE GUARDIAN: _____

CONTACT NUMBERS: HOME: _____ WORK: _____ MOBILE: _____

EMAIL ADDRESS: _____



THE PROFESSIONAL INSTITUTE OF MARKETING AND BUSINESS STUDIES LTD.

Registered with the Ministry of Education

Payment Schedule – Forms 1-6 (Our Lady of Fatima High School)

Dear Student /Parent(s)/Guardian,

The subject combination / course chosen is:

Subject	Course	Start Date	Duration	Fee (TTS)
Total Tuition Fee				\$ _____

Note: Fees should be paid in full thirty (30) days prior to the commencement of examinations. PIMBS Ltd. reserves the right to withhold examination results until full payment is made.

The above tuition fees are payable to the Professional Institute of Marketing and Business Studies Ltd. (PIMBS Ltd.). These fees cover syllabus completion, revision and any additional classes to suit the needs of individual students. Students are therefore compensated for lost classes due to Christmas and/or Easter breaks at no additional cost. Absenteeism due to the delinquency of the student will not reduce fees nor result in extra classes. If a student starts late, the same fee will apply, however the entire syllabus will be completed.

The Registration fee (_____ - non-refundable),

is a separate payment from the Total Tuition Fee and must be paid at the time of registration.

The Total Tuition Fee can be paid at the beginning of the term or academic year. PIMBS Ltd. does have however, a system whereby in order to accommodate easy payment, the Total Tuition Fee is split into monthly installments. Those who choose to use this facility will make the monthly payments outline below:

Installment facility (per Month: or Term):

Applicable

Not-applicable

\$ _____	÷	_____ Months / Terms	=	\$ _____
Total Tuition Fee*		Duration		Total Payment per Month / Term
* Does not include the Registration, Caution and the PIMBS Ltd. I.D. Card fees which must be paid upon registration.				



Students of PIMBS Ltd. enrolled as private candidates, therefore examination fees are applied as follows:

C.X.C.

- o Entry Fee \$87.00
- o Administration Fee \$ 8.00
- o Subject Fee* \$90.00

* For Foreign Languages the subject fee is \$93.00

* For the Sciences (Biology, Chemistry & Physic), the subject fee is \$95.00

C.A.P.E. / A'Levels (Cambridge)

- o Parents/Guardians/Students will be informed of the relevant fees once this information is given to PIMBS Ltd. by the Ministry of Education

NOTE: C.X.C. / O'LEVEL & C.A.P.E. / A'LEVEL examination fees are **SUBJECT TO CHANGE WITHOUT NOTICE.** These fees are payable to the relevant examination boards.

DECLARATION:

I have read and understood the above payment schedule, and hereby agree to abide by the terms and conditions stipulated by PIMBS Ltd.

Parent / Guardian

Student Advisory (PIMBS Ltd.)

Student

Date: DD/MM/YYYY

Witness

Fee Payment Agreement

Pre. Secondary – Level 1 Level 2
 Form - 1 2 3 4 5 6 Evening classes – CSEC CAPE

Registration:

Full payment - \$1800 OR

Payment Plan – Aug/Sept \$600. January \$500. April \$600.

Evening classes registration: Science \$1280 Non-Science \$980

Science Fee _____

Total Fee _____

All fees must be paid in full before the first day of examinations.

Installment Number	Deadline date for Payment dd/mm/yy	Date of Installment Payment dd/mm/yy	Amount of Installment Paid \$	Receipt No#	Balance \$	Signature
#1						
#2						
#3						
#4						
#5						
#6						
#7						
#8						
#9						
#10						

Failure to make the deadline dates for payments as agreed to the above will result in interest added to the balance outstanding as follows:

- One month at 2 1% interest
- Two months at 5% interest
- Three months at 10% interest
- Four months at 15% interest
- Five months at 20% interest

I understand and agree to the terms given above. I understand that all costs for the recovery of non-payment of outstanding fees will be borne by me and or the applicant. I have received a copy of the Student Handbook (Rules and Regulations) and hereby agree to abide by the Policies and Conditions of the Professional Institute of Marketing and Business Studies Ltd. to which there are NO EXCEPTIONS.

Date: _____

Date: _____

STUDENT/APPLICANT

FINANCE PROVIDER