

Student Registration Form

GENERAL INFORMATION

First Name _____ Last Name _____ MI _____

Date of Birth ____ / ____ / ____ (Male/Female)

Mailing Address _____

Email _____

Phone: _____ Home _____

Parental / Guardian Contact Information

Name _____

Phone _____

Emergency Contact Information (if different from above)

Name _____

Phone _____

Relationship _____

Special needs ____ yes ____ no

Explanation _____

COURSE SELECTIONS

(If course number is unknown, print title and dates of occurrence.)

Course Number	Title	Day / Class Time	Tuition

Total tuition Due \$ _____

PAYMENT INFORMATION

MAKE CHECKS PAYABLE TO THE Caribbean Aerospace College.

_____ Cash Amount \$ _____

_____ Check Check Number _____ Amount \$ _____

Scholarship/Sponsored applicant: Name of Company/Organization _____

Address _____

Contact person _____ Position _____ Phone Number _____

Sponsor/Scholarship contribution to student tuition: Amount \$ _____

Mailing Address: Caribbean Aerospace College, Marcus Garvey Drive, Kingston.

Registrar: Dahlia Garvey

Website: www.caribbeanaerospacecollege.com