

SIXTH FORM INTEGRATION PROGRAMME APPLICATION FORM  
(GRADES 12 & 13)

Main Office:  
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1a Marescaux Road, Kingston  
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MICO UNIVERSITY COLLEGE c/o School of Continuing Studies

Year: September 2025 – August 2026

PERSONAL DATA

LAST NAME		FIRSTNAME	
MIDDLE NAME		TRN	
DATE OF BIRTH		(DD/MM/YY)	EMAIL ADDRESS:

GENDER: ☐Female ☐Male

PERMANENT ADDRESS	MAILING ADDRESS: (If Different from Permanent Address)

Phone Number:

EMERGENCY CONTACT PERSON

LAST NAME		MIDDLE NAME	
FIRST NAME		RELATION	
ADDRESS		TELEPHONE #	
		EMAIL	

Have you ever benefitted from the 6<sup>th</sup> Form Pathway Programme: Yes ☐ No ☐

If YES state, the School/Institution:

PROGRAMME PREFERENCE

- PLEASE INDICATE YOUR PROGRAMME SELECTION WITH A **TICK** (Based on entry requirements)
1. PATHWAY 1 GRADE 12 – TRADITIONAL ☐

3. PATHWAY 11 GRADE 12 – TECHNICAL ☐

2. PATHWAY 1 GRADE 13 – TRADITIONAL ☐

PLEASE LIST YOUR SKILL TRAINING PREFERENCE IF PATHWAY 11 WAS YOUR SELECTED OPTION  
TICK TOP THREE SKILL AREAS IN ORDER OF PREFERENCE

PATHWAY 2 (NCTVET Skills)

1. Customer Service ☐

2. Teacher Assistant ☐

3. Entrepreneurship ☐

4. Early Childhood Education

5. Marketing and Sales Promotions Operations ☐

PATH BENEFIT

Have you ever benefited from the PATH Programme? Yes ☐ No ☐

If, yes kindly answer the following:  
State the name of school through which PATH benefit was administered

PATH Identification Number:

What Period was the PATH benefit received? From To

EDUCATIONAL BACKGROUND

Name of Last School	Type (e.g. Secondary)	Year of Graduation	Completed Grade 11 (Yes/No)	Certificate Achieved (High Sch. Dip. Cert.)

QUALIFICATIONS

FORMAL QUALIFICATIONS (Please list below all the qualifications you have obtained including any vocational training received)

SUBJECT OR SKILL AREA	GRADE OBTAINED	DATE AWARDED/ EXPECTED	EXAMINATION BODY (e.g. 'NCTVET, CSEC, City & Guild etc.)

HEALTH

Do you have any CHRONIC HEALTH conditions? (E.g. Asthma, Diabetes, Mental illness):      Yes ☐      No ☐  
If YES, Please Specify

Do you have any PHYSICAL DISABILITIES? Yes ☐ No ☐  
If YES, Please Specify

I declare that the information given in this application form is true and complete to the best of my knowledge and belief. I understand that any false or misleading information provided in my application and the violation of the rules and regulations of the School may result in disciplinary action or dismissal.

Signature:  Date:      /      /      (dd/mm/year)

DOCUMENTS TO BE SUBMITTED:

FOR OFFICIAL USE ONLY

Interest Inventory Mapping:      Yes☐      No ☐

Grade 9 Diagnostic Evaluation Score:      Mathematics ☐      English ☐

Interest Inventory

Student Placed: Yes ☐      No ☐

Programme Recommended:      ☐ 6<sup>th</sup> Form Pathway #1: Traditional  
   ☐ 6<sup>th</sup> Form Pathway #2: Technical

Orientation Completed:      Yes      ☐      No      ☐

Comments:

Processed by:

Position:

Signature:      Date:      /      /      (dd/mm/year)

Documents Checklist

☐ Birth Certificate

☐ TRN

☐ Passport Picture

☐ Exam Results

☐ Last School Report

☐ Recommendation