



Next of Kin: _____ Relationship: _____

Next of Kin's Address: _____

Apt/Street/PO Box

City/Town/Post Office

Parish/County

State

Zip/Postal Code

Country

Next of Kin's Tel. No(s): Home: _____

Cell: _____

Work: _____

Other: _____

Course of Study:

Programme: _____ Year: _____

License Period: Please indicate the period for which you are requesting boarding

- | | | | | |
|--|--------------------------|------------------------------|---------------------|--------------------------|
| Semester 1 (only) August – December | <input type="checkbox"/> | Semester 1 & 2 | August - May | <input type="checkbox"/> |
| Semester 2 (only) January – April | <input type="checkbox"/> | Summer (only) | May – August | <input type="checkbox"/> |
| Semester 3 (only) April – July | <input type="checkbox"/> | Semester 1, 2 & 3 | Sept - July | <input type="checkbox"/> |
| Other _____ | | | | |

Housing Preference:

- Single Occupancy (for): Male Female
- Double Occupancy (with): Female Only Male Only Male and Female
- Triple Occupancy (with): Females Only Male Only Male and Female

To Completed by Owners of Motor Vehicles	
Type: _____	Registration no. _____
Make: _____	Model: _____
Parking Space no.: _____	

SECTION B:

Father's Occupation: _____ Mother's Occupation: _____

Guardian's Occupation: _____

What is your birth position in the family? _____ of _____ No. of dependents under parents'/guardians' care: _____

Who will finance you for the upcoming academic year? Tick as many as are relevant to you.

- Parent Sponsor Self Other (specify) _____

Have you requested: Grant Sponsorship Loan

If yes, please state the organization(s) and the amount:

(1) _____ / \$ _____

(2) _____ / \$ _____



Section C: To be completed by Returning Students ONLY

House Address _____ Year (s) Occupied _____ Room Number _____

Do you wish to return to previous accommodation? **Yes** **No**

If no, in the space below, write a short paragraph outlining why you wish not to return to previous Accommodation.

Please indicate the date you intend to start living at the Accommodation

Please indicate your departure date

I hereby certify that the information given above is true.

Signature _____
Applicant

Date: _____

Please note:

- **This form can be completed on line and or written and returned to the Caribbean School of Medical Sciences, Jamaica.**