

CARIBBEAN INSTITUTE FOR METEOROLOGY AND HYDROLOGY

P.O. Box 130, Bridgetown, Barbados. W.I.



Student Application Form (Special Course)

Section 'A'

(To be completed by Applicant)

COURSE:.....

NAME:(Surname).....(First Name).....(Middle Initial).....

DATE OF BIRTH:(year).....(month).....(day).....

GENDER:(Male/Female).....**NATIONALITY:**.....

ADDRESS:.....

NAME OF SCHOOL:.....

EMERGENCY CONTACT:

Parent/Guardian (Name)

(Relationship to Applicant):

Address:.....

Telephone Number: (Home):(Work): (Cell):

CURRENT COURSE OF STUDY: (List subjects):

PROPOSED COURSE OF STUDY:

EXTRA-CIRCULAR ACTIVITIES:.....

Date:.....Signature of Applicant:

Section 'B'

(This section is to be completed by the parent or guardian)

MEDICAL INFORMATION FOR APPLICANT

Is your child/ward in good health: (Yes/No):

List any allergies/ailments which he/she may have:

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.....

PARENTAL CONSENT

I (print name) Give permission for my child

(print name) to attend a course at the

Caribbean Institute for Meteorology and Hydrology, Husbands, St. James.

Date: Signature: