



THE BAHAMAS BAPTIST
COMMUNITY COLLEGE
P.O. BOX N-4830
Nassau, Bahamas
Tel: (242) 364-0695, Fax: (242) 364-3209

SHORT CERTIFICATE PROGRAMME APPLICATION

Welcome to The Bahamas Baptist Community College. We are delighted that you have decided to enroll in a certificate course with us. Please read the following instructions carefully, as they will assist you in filling out the application correctly.

All items must be completed before the application will be processed. Type, or Print in black or blue ink and BLOCK LETTERS.

Student No.: _____

Semester Entry: _____

SECTION A: GENERAL INFORMATION

Course you are enrolling in: _____

SECTION B: PERSONAL DATA

National Insurance Number: _____

Mr.

Mrs.

Miss

SURNAME FIRST MIDDLE MAIDEN

DOB: _____ Country of Citizenship? _____
(dd/mm/yy)

Local Address: _____
House No. Street P.O. BOX

Email Address Work Telephone # Home Telephone #

Emergency Contact Person: _____
Name Relationship Phone #

Do you have any physical problems, ailments or learning disabilities? _____

If yes, please explain _____

Religion and Denomination _____

Have you ever been charged or convicted of a criminal offence? _____

If yes, please state nature of the offence _____

SECTION C: DECLARATION

Students enrolled at The Bahamas Baptist Community College are required to abide by the academic policies and procedures of The College.

I certify that all statements given in this application are true and accurate. I agree that while attending The Bahamas Baptist Community College I will abide by all its policies and procedures.

Signature of Applicant

(dd/mm/yy)