



**Clarence Fitzroy Bryant College  
Confirmation Receipt**

PLEASE PRINT, COMPLETE, SIGN AND SUBMIT THIS PAGE ALONG WITH YOUR SUPPORTING DOCUMENTS TO THE OFFICE OF THE REGISTRAR

NAME (PLEASE PRINT): \_\_\_\_\_

SONISWEB ID: \_\_\_\_\_

1<sup>st</sup> Programme Choice \_\_\_\_\_

2<sup>nd</sup> Programme Choice \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE REQUIRED. ALL COPIES MUST BE CERTIFIED. PLEASE ENSURE THAT YOU SUBMIT THESE DOCUMENTS ALONG WITH THIS SIGNED PAGE**

- Grade slip(s) / sheet(s)
- Birth Certificate and/ or Government Issued ID
- Proof of Citizenship (if applicable)
- Reference Letters (if applicable)
- Police Record (if applicable)
- Essay (if applicable)
- Work Samples (if applicable)
- Curriculum Vitae (if applicable)
- Performance Evaluation (if applicable)
- Marriage Certificate (if applicable)
- Additional Certificates and/or awards

<b>FOR OFFICIAL USE ONLY</b>	
Documents Received by: _____	
Date: ____ / ____ / ____ (dd/mm/yyyy)	
<b>OFFICIAL ASSESSMENT</b>	
<input type="checkbox"/> National	<input type="checkbox"/> Non- national
<input type="checkbox"/> Citizen	
<input type="checkbox"/> First Time Applicant	
<input type="checkbox"/> Readmission	
Notes:	

**DECLARATION (YOUR SIGNATURE IS REQUIRED BELOW. Without your signature your application cannot be processed.)**

I hereby certify that the facts provided in this application form are true and complete to the best of my knowledge. I am aware that the information given will be investigated, with my full permission, and that any misrepresentation or omissions may cause my application to be rejected and ineligible for admission to the College. I understand that if admitted to the College, falsified statements on this application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (dd/mm/yyyy)

**PARENT/ GUARDIAN DECLARATION (for students below 18 years of age)**

I hereby certify that the facts provided in this application form are true and complete to the best of my knowledge. I am aware that the information given will be investigated, with my full permission, and that any misrepresentation or omissions may cause my child/ward's application to be rejected and ineligible for admission to the College. I understand that if he/she is admitted to the College, falsified statements on this application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
Parent/ Guardian's Full Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date: DD/MM/YYYY