

RED HIGHLIGHTED FIELDS WITH \* MUST BE FILLED OUT

COMPLETED FORM MUST BE EMAIL TO [admissions@nostt.edu.tt](mailto:admissions@nostt.edu.tt)



Government of The Republic of Trinidad and Tobago  
**MINISTRY OF EDUCATION**

Distance Education Unit 18 Abercromby Street P.O.S, Website: <http://www.deuttmoe.org>, Email: [admissions@nostt.edu.tt](mailto:admissions@nostt.edu.tt), Tel: (868) 625-2615, Fax: (868) 627-9861



**LEARNER REGISTRATION FORM**

LAST NAME  \*

FIRST NAME  \*

MIDDLE

ADDRESS  \*

TEL: HOME  TEL: WORK  TEL: CELL

DATE OF BIRTH  \* AGE  Sex  \*

EMAIL  \*

PREFERRED SOCIAL NETWORKING SPACE (e.g. Facebook, Twitter) SPACE  USERNAME

MARITAL STATUS  SINGLE  MARRIED  DIVORCED  WIDOWED

NATIONALITY  OCCUPATION

I.D. CARD NO.  PASSPORT NO.  D.P. NO.

SUBJECT/S CHOSEN  Mathematics  English  Spanish  Social Studies  Human and Social Biology

Principles of Accounts  Principles of Business  Primary School Leaving Certificate

ICT:  Cisco IT Essentials  Ecitizen  Webstarter  ICDL (International Computer Driving Licence)

REASON FOR APPLYING

DESIRED CENTRE

LAST SCHOOL ATTENDED

REGISTERED CSEC CANDIDATE PLEASE FILL IN YOUR REGISTRATION #  DATE OF EXAM

EXAMINATION CENTRE

PHOTO  
INSERT PHOTO

DO YOU HAVE A DISABILITY OR KNOWN MEDICAL CONDITION THAT WE SHOULD BE AWARE OF:  \*

IF YES PLEASE EXPLAIN

EMERGENCY CONTACT: RELATIONSHIP

LAST NAME

FIRST NAME

ADDRESS

TEL: HOME  TEL: WORK  TEL: CELL

TECHNOLOGY ACCESS: Please Click box/(es) if you have consistent access to any of the following

- TELEVISION     VCR     DVD/CD PLAYER     AUDIO CASSETTE RECORDER/PLAYER  
 PRINTER     SCANNER     INTERNET ACCESS     Dial Up     High Speed

ACADEMIC RECORD:

SCHOOL/INSTITUTION LAST ATTENDED	COURSE/SUBJECTS TAKEN	CERTIFICATE/S OBTAINED	GRADES	YEAR OBTAINED

1. I hereby certify that all statements are true, correct and complete to the best of my knowledge and belief. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status
2. I understand that submission of this application in no way guarantees admission to a programme or course, and that admission is subject to meeting NOSTT programme/course prerequisites and space availability.
3. I agree to abide by the rules and regulations of the NOSTT as published in the Orientation Guide, and any changes which may be made while I am a student at NOSTT.
4. The information on this form is collected under the authority of the Ministry of Education. I understand that this information, along with subsequent information placed in my student records, will be used for purposes of admission, registration, research, alumni and development and other purposes consistent with the mandate of the institution. The use of this information will be in compliance with the Freedom of Information act.

DATE