

SCHEDULE
FORM 1
 (Section 1)
APPLICATION FOR STUDENT PERMIT

GOVERNMENT OF ANGUILLA
 HIGHER EDUCATION LICENSING ACT
APPLICATION FOR STUDENT PERMIT

Name**Attach photo with clip**

Surname	_____
First name	_____
Middle name	_____

Sex**Title****Status**

Male <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Married <input type="checkbox"/>	Single
Female <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Divorced <input type="checkbox"/>	

Nationality and residency

Place of birth: _____

Date of birth: _____

Place of residency: _____

Nationality: _____

Passport NO: _____

Higher Education Institution

Institution _____

Course of study _____

Start date: _____

End date: _____

Dependants: (only answer this part if you intend to travel with dependants)

Name of Dependant: _____; DOB: _____

Relationship with applicant: _____; Nationality: _____

Male Female ; Passport Number: _____

Would this dependant need to enroll in primary or secondary school: *yes* *no*

Name of Dependant: _____; DOB: _____

Relationship with applicant: _____; Nationality: _____

Male Female ; Passport Number: _____

Would this dependant need to enroll in primary or secondary school: *yes* *no*

Name of Dependant: _____; DOB: _____

Relationship with applicant: _____; Nationality: _____

Male Female ; Passport Number: _____

Would this dependant need to enroll in primary or secondary school: *yes* *no*

Name of Dependant: _____; DOB: _____

Relationship with applicant: _____; Nationality: _____

Male Female ; Passport Number: _____

Would this dependant need to enroll in primary or secondary school: *yes* *no*

Name of Dependant: _____; DOB: _____

Relationship with applicant: _____; Nationality: _____

Male Female ; Passport Number: _____

Would this dependant need to enroll in primary or secondary school: *yes* *no*

Applicant is required to answer the following questions and indicate whether or not the following information has been annexed—

	<i>Yes</i>	<i>No</i>
1. Have 2 character references from non-family members been provided?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a medical certificate from examination done within 6 months prior to the date of this application been provided for applicant and any dependant?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has financial proof been provided that the applicant is able to maintain her or himself and her or his dependants if any, without recourse to public funds?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has proof of health insurance been provided?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a police reference covering the character of the applicant for 5 years prior to date of application been provided?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the applicant need to engage in part time employment other than student work?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the application processing fee been paid and the receipt attached?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a copy of the letter of acceptance by the licensed institution been attached?	<input type="checkbox"/>	<input type="checkbox"/>

Contact Details of Applicant

Tel:.....; email:.....

Tel:.....; email:.....

Tel:.....; email:.....

Signature of applicant:

Designation (if other than student):

Date application submitted:

A representative of the licensed institution must forward the applications, preferably in bundles, to the Board.

Name of representative:

Signature of representative:

Date forwarded to Board:

Commentary by Chief Immigration Officer

Does this application satisfy Immigration laws and policies?
yes **no** **deferred**

Commentary about application: _____

