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PORT MORESBY INSTITUTE OF MATRICULATION STUDIES
APPLICATION FOR CORRESPONDENCE SECONDARY
ENROLLMENT

SURNAME: _____ NAME: _____ GENDER: _____

PIMS CENTRE: _____ YEAR: _____ GRADE APPLIED FOR: _____

CATEGORY OF ENROLLMENT: _____
(New, re- enrolling, continuing)

NCD

P.O. Box 775, Boroko, NCD. Ph 3254815, Fax 325 4275

Mobile 71068187/71572922/71068186/71068191/71068188/73673554. Erima Bridge, Kanage St.

Lae

P.O. Box 2962, Lae, MP. Ph/Fax 4792277, Mobile 71068182/71068149/72573331/73819866/71068154.

YWCA Hall, Huon Road, Lae.

Madang

P.O. Box 954, Madang. Ph/Fax 4222276, Mobile 71068185/71068181/71944134. Tusbab Beach, Madang.

Wewak

P.O. Box 1330, Wewak, ESP. Ph/Fax 4561289, Mobile 71068180/71692839. IEA Wewak Hill, Wewak.

Kavieng

P.O. Box 22, Kavieng, NIP. Ph/Fax 9841545, Mobile 71068159/71738998. Lutheran Training Cnt, Kavieng.

Rabaul

P.O.Box 268, Kokopo Ph/Fax 9829798, Mobile 71068158/73586896. Wanlis Street, Rabaul Town.

Manus

P.O.Box 470, Lorengau, Manus . Ph/Fax 9709228, Lorengau Mobile 71068183/73815154

Wabag

P.O.Box, Wabag, Enga Province. Mobile 71068184/72102673/71068157/73819866

**All Correspondence Students throughout PNG should deposit fees into PIMS Lae
Acc.No. 1000 992 955 BSP.**



PORT MORESBY INSTITUTE OF MATRICULATION STUDIES
 P.O. Box 2962, LAE, MP. Office 1, Central Arcade Building, 7th Street, Top Town.
 Telephone: 472 6281 or 479 0303, Facsimile: 4790303
 Email: pimsinfor@gmail.com

APPLICATION FOR CORRESPONDENCE SECONDARY ENROLLMENT

A. PERSONAL DETAILS

First Name:	Telephone:	Fax:	
Surname:	BMobile:	Digicel:	
Date of Birth:	Email:		
Sex (M/F):	Home Province:	Fill out this section, only of your employed	
Home Village:	Marital Status:	Employer:	
No. of Children:	Denomination:	Employee No:	Position:
Address:	Bank:		Branch:
	Account:		

B. EDUCATIONAL DETAILS

Last High School attended:	Province:
Highest Grade Completed:	Year:
<i>Note: Please attach certificate to confirm.</i>	

C. PARENT/GUARDIAN/SPONSOR DETAILS

Name of Father(Guardian):	Employer:	Position:
Employment address:	Telephone:	Fax:
	Email:	
Name of Mother(Guardian):	Employer:	Position:
Employment address:	Telephone:	Fax:
	Email:	

D. METHOD OF PAYMENT

Below, I have selected the payment method I wish to use to pay for my school fees. Please tick appropriate box.	
<input type="checkbox"/>	Full payment upfront for the whole year. (Only one installment)
<input type="checkbox"/>	K150 deposit per subject and pay balance in installments per assignments per assignment submission.

E. LEADERSHIP ROLES

Provide any leadership roles you have had in the past in the space below. (e.g. Prefect, Sports Captain)

F. ACHIEVEMENT AWARDS

Have you ever been given any important awards in the past? If yes, please provide details below. (Both academic/non-academic)

G. SPECIAL TALENT OR SKILLS

Please give details of any special Talents/Skills you have? (e.g. Music, Arts, Athletics, Speaking, Computing)

H. HEALTH CONDITION

Provide details of any physical or health disabilities that you have, that may affect your studies here.

I. FUTURE CAREER

What career or study areas are you interested in pursuing after completing school (e.g. Doctor, lawyer)

J. Why PIMS?

Why have you chosen to enroll at this school?

K. REFUND POLICY

The following refund/withdrawal policies will apply;
<ul style="list-style-type: none">- Withdrawal is done through school withdrawal form only.- Refund within 4 weeks of study commencement will suffer a 50% penalty deduction or a daily rate charge applied, whichever is greater.- No refunds allowed after 4 weeks of study commencement.- Any student who withdraws will not be allowed to re-enroll later unless there is a valid justification to do so.- Refund of cheques from savings and loans, Nasfund, Finance companies, sponsor organizations will be refunded back to these organizations upon refund.

L. DECLARATION

I, the applicant solemnly declare that all the information that I have provided above are true in every respect, and that I can be held liable for any false information. I pledge to abide by all the school statues and regulations while a student at this school. Finally, I understand and accept the school refund policy specified in the preceding section.	
Signature of applicant:	Date signed: