



## PORT MORESBY INSTITUTE OF MATRICULATION STUDIES

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### APPLICATION FOR FORMAL SECONDARY ENROLLMENT

GRADE APPLIED FOR ..... (New, re-enrolling, continuing) .....

ID PHOTO  
HERE

#### A. PERSONAL DETAILS

|                    |                 |  |           |
|--------------------|-----------------|--|-----------|
| First Name:        |                 | Telephone:                                     | Fax:      |
| Surname:           |                 | BMobile:                                       | Digicel:  |
| Date of Birth: / / |                 | Email:   |           |
| Sex: (M/F)         | Home province:  | Fill out this section only if you are employed |           |
| Home village:      | Marital status: |  |           |
| No. of children:   | Denomination:   | Employer:                                      |           |
| Address:           |                 | Employee No:                                   | Position: |
|                    |                 | Branch:  | Bank:     |
|                    |                 | Account No:                                    |           |

#### 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 FEE 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"/>  | 4 equal quarterly or term payments                              |
| <input type="checkbox"/>  |   |

#### 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.<br>(Both academic/non- academic) <input type="checkbox"/> YES <input type="checkbox"/> NO |
|  |
|  |



**G. SPECIAL TALENTS OR SKILLS**

Please give details of any special Talents/Skills you have? (e.g. music, art, athletics, speaking, computing)

**H. HEALTH CONDITIONS**

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

**I. FUTURE CARRER**

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;

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 valid justification to do so.

Refund of cheques from savings and loans, Nasfund, Finance companies, sponsor organizations will be refunded back to these organization 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 statutes 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:**

