



MINISTRY OF EDUCATION
2 NATIONAL HEROES CIRCLE
P.O. BOX 498
KINGSTON, JAMAICA W.I.

Entry Form

Innovative Technology Integration Competition

Name: _____
School: _____
Address: _____
Phone: _____
E-mail: _____
Grade: _____
Grade for which project was created: _____
Title of Project: _____
Subject: _____
Signature of Teacher: _____ Date: _____

I _____ certify that to the best of my knowledge, the project presented
(Grade Supervisor/Head of Dept/ Principal)
is the work of the above named teacher.

Signature: _____ Date: _____

Application form should be submitted along with completed project by **Friday, July 10, 2009** to:

Media Services Unit
Caenwood Complex
37 Arnold Road,
Kingston 5
Telephone 924-9128