



SAINT CATHERINE ACADEMY  
APPLICATION FOR ADMISSION

A\_\_\_\_WL\_\_\_\_R\_\_\_\_

Interview\_\_\_\_Reason\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID Number\_\_\_\_

Receipt Number\_\_\_\_

FOR OFFICIAL USE ONLY

Completed forms must be submitted by **March 16, 2021**. Incomplete forms will not be processed.

1. \_\_\_\_\_

Applicant's First NameMiddle NameSurname

2. BEMIS Number: \_\_\_\_\_

3. Home Address

\_\_\_\_\_

StreetCity/Town/VillageDistrict

E-mail Address \_\_\_\_\_ Electoral Division \_\_\_\_\_

4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

d m y

5. Citizenship: Belizean National Permanent Resident Other Specify \_\_\_\_\_

(If accepted, you will be required to submit a photocopy of your social security card along with a photocopy of passport and birth certificate)

6. Religion \_\_\_\_\_ Baptism Date \_\_\_\_\_ Parish \_\_\_\_\_

7. What is the state of your health? Excellent Good Fair Poor

Indicate any medical condition or special treatment (Specify things you are allergic to and list any medication you take regularly.)

8. CONTACT INFORMATION

A. \_\_\_\_\_

Mother's First NameMaiden NameMarried Name

Religion \_\_\_\_\_ Living Deceased

Address (If different from above)

\_\_\_\_\_

StreetCity/Town/VillageDistrict

E-mail Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Business Owned/Employer \_\_\_\_\_ Job/Title \_\_\_\_\_

B. \_\_\_\_\_

Father's First NameSurname

Religion \_\_\_\_\_ Living Deceased

Address (If different from above)

\_\_\_\_\_

StreetCity/Town/VillageDistrict

E-mail Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Business Owned/Employer \_\_\_\_\_ Job/Title \_\_\_\_\_

C. Guardian: \_\_\_\_\_

(If Any) NameReligionRelationship to you

Address (If different from above)

\_\_\_\_\_

StreetCity/Town/VillageDistrict

E-mail Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Business Owned/Employer \_\_\_\_\_ Job/Title \_\_\_\_\_

D. Parents' Marital Status: Married Single (Never Married) Divorced Common Law Union

E. Number of Brothers \_\_\_\_\_ Number of Sisters \_\_\_\_\_

Do you have sister(s) currently attending SCA? No Yes

\_\_\_\_\_

NameClassNameClass

\_\_\_\_\_

NameClassNameClass

Did any of your relatives attend SCA? If yes, please complete the following:

Name	Year Graduated	Email/Mailing Address

G. In case of an emergency, indicate the person you request the school to contact:

9. Date you seek admission? August \_\_\_\_\_ Other \_\_\_\_\_  
*Year (Please specify)*

First time in high school (Freshman)	Second year (Sophomore)	Third Year (Junior)
Other _____ (Please specify)		

12. Primary School Information: Graduation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Year School*

14. You are encouraged to submit a statement explaining why you selected this high school to pursue your educational objectives.

16. Are you an outstanding athlete with financial need and want to apply for a Sport Scholarship? Yes No  
(If yes, you can apply by obtaining the form and relevant info by contacting and/or visiting the the SCA Office.)

a. Have you ever been charged with or subjected to disciplinary action for Scholastic or any other type of misconduct at any educational institution?	Yes	No
b. Have you ever been charged with violation of the law?	Yes	No

I understand that this application is for admission to SCA and is valid only for the date indicated on item 8. I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admission, or invalidation of promotion or diplomas earned.

- attend an Orientation and to make payments promptly.
- agree to abide by the policies and the rules and regulations of the school as stated in the **Student Handbook**.
- notify the Office of Admission of any change of information I have given prior to my entry to school.
- understand that the \$20 cash, cheque, or money order I submit with this application is non-refundable.

Parent's/Guardian Digital Signature (*fill in full name above*) \_\_\_\_\_ Date        /        /         
*Day Month Year*

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**PRINCIPAL AND TEACHER RECOMMENDATION FORMS MUST BE SUBMITTED IN A SEALED ENVELOPE FOR THE APPLICATION TO BE COMPLETE.**

ADDENDUM

If any of your answers to Question 17 is **yes**, you must submit a full statement of relevant facts below; otherwise, ignore this page.

A reminder that you may be required to furnish the school with copies of all official documentation explaining the final disposition of the proceedings.

- a. Have you ever been charged with or subjected to disciplinary action for Scholastic or any other type of misconduct at any educational institution? Explain in great detail the nature of the incidence(s) and their resolutions and outcomes.

- b. Have you ever been charged with violation of the law? Explain in great detail the nature of the incidence(s) and their resolutions and outcomes.

\_\_\_\_\_  
Applicant’s Digital Signature (*fill in full name above*)

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Parent’s/Guardian Digital Signature (*fill in full name above*)

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year