



SAINT CATHERINE ACADEMY

APPLICATION FOR TRANSFER IN

A WL R
Int. Date:
/ /
Student ID Number
Receipt Number
FOR OFFICIAL USE ONLY

Completed forms must be in by the **July 2, 2021**. Incomplete forms will not be processed. Please attach copy of transcript or report card from previous school, principal and teacher recommendation forms. **PLEASE PRINT.**

1.
Applicant's First Name Middle Name Surname

2. Home Address (REPORT ANY CHANGES PROMPTLY)
Street City/Town/Village District
E-mail Address Electoral Division

3. Date of Birth / / Place of Birth Social Security Number

4. Citizenship: Please Check Belizean National Pemanent Resident Other Specify
(If accepted, you will be required to submit a copy of passport, birth certificate or social security card)

5. Religion Baptism Date Parish

6. What is the state of your health? Please check Excellent Good Fair Poor
Indicate any medical condition or special treatment (Specify things you are allergic to and list any medication you take regularly.)

7. CONTACT INFORMATION

A.
Mother's First Name Maiden Name Married Name
Religion Living Deceased
Address Phone Number
(If different from above)
E-mail Address Cell Number
Business Owned/Employer Job/Title

B.
Father's First Name Surname
Living Deceased
Religion
Address Phone Number
(If different from above)
E-mail Address Cell Number
Business Owned/Employer Job/Title

C. Guardian:
(If Any) Name Religion Relationship to you
Address Phone Number
(If different from above)
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
Name Class Name Class
Name Class Name Class

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

Name	Year Graduated	e-mail/Mailing Address

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

8. Date you seek admission? August _____ Other _____
Year (Please specify)

First Form Second Form Third form

Fourth Form (assessed on case by case basis)

11. Previous High School Information:

Type of School:	Vocational	Urban
	Agricultural Technical	Rural Denominational
	Co-Ed	Public
	Offers AP Courses	Private

Number of Subjects studied per Semester:_____

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

Yes	No	a. Have you even 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?

- 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.

Date / /
 Day *Month* *Year*

ADDENDUM

If any of your answers to Question 15 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