



SAINT CATHERINE ACADEMY
APPLICATION FOR ADMISSION AS FRESHMAN
(To be completed by applicant's Parent or Guardian)

A____WL____R____

Interview____Reason____

____/____/____

Student ID Number____

Receipt Number____

FOR OFFICIAL USE ONLY

Completed forms must be submitted by **March 14, 2023**. 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

F. Person responsible for your educational needs _____

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

<i>First Name</i>	<i>Middle Name</i>	<i>Surname</i>	<i>Phone Number</i>
Relationship to you:	Mother	Father	Legal Guardian
			Other <i>(Please specify)</i>

9. If your first language is other than English, how many years have you spoken or written English? _____

10. Primary School Information: Graduation Date: _____ / _____ / _____
Month Year School

11. Additional information you wish to be considered for review of your application should be provided below. For example offices held, prizes won, honors achieved, participation in school clubs or activities such as girl guides, sports etc.

12. Preferences for Classes:

- Online Only
- Face-to-Face Only
- Hybrid (2 Days Online and 2 Days Face-to-Face)

13. Do you wish to request special admission consideration based on financial need? Yes No
(SCA awards scholarships and book grants annually. To apply you can obtain the form and relevant info by contacting and/or visiting the the SCA Office.)

14. 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 SCA Office.)

15. If your answer to any of the following is **yes** you must submit a full statement of relevant facts on **page 3** of this application form. Also please note 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? Yes No

IMPORTANT

I understand that this application is for admission to SCA and is valid only for August 2022. 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.

When accepted to St. Catherine Academy, to secure the acceptance, parents or guardian and accepted applicant must:

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

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

-----END OF APPLICATION-----

For Official Use Only

PSE SCORE	MATH	ENGLISH	INTEGRATED SCIENCE	SOCIAL STUDIES	HOUSE

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 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.

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*