

SAINT CATHERINE ACADEMY

A_WL_R_ Int. Date:_____ Student ID Number Receipt Number FOR OFFICIAL USE ONLY

APPLICATION FOR TRANSFER IN

Completed forms must be in by the July 3, 2023. 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		· · · · · · · · · · · · · · · · · · ·	Surname		
2 На	ome Address (REPORT ANY CE			Surnume		
2. IN	``		·			
Б	Street	City/Town/	0	District		
	mail Address			Division		
3. Da	ate of Birth $\frac{d}{m}$ Place	e of Birth	Soci	al Security Number	r	
4. Ci	itizenship: Please Check	Belizean National	Pemanent l	Resident O	ther Specify	
	f accepted, you will be required				-	
	eligion					
	hat is the state of your health? Ple					
	ndicate any medical condition or sp egularly.)	sectal treatment (Spe	city things you are al	lergic to and list an	ly medication you take	
7. CO A	ONTACT INFORMATION					
	Mother's First Name	her's First Name Maiden Name		Married Name		
	Religion		Living D	eceased		
	Address			Phone Numb	er	
		(If dif	ferent from above)			
	E-mail Address			Cell Number		
	Business Owned/Employer		Job/Title _			
В	B Father's First Name Surname		_			
	Living			Deceased		
	Religion					
	Address			Phone Number		
	(If dij	fferent from above)				
	E-mail Address			_ Cell Number		
	Business Owned/Employer		Job/Title			
C.	Guardian:		Religion		Relationship to you	
	Address				Xetationship to you	
	(If di	ifferent from above)				
	E-mail Address			_ Cell Number		
	Business Owned/Employer		Job/Title			
D.	Parents' Marital Status:	Married Sing	gle (Never Married)	Divorced	Common Law Union	
E.	Number of Brothers		_ Number of Sister	5		
	Do you have sister(s) currently attending SCA? No			Yes		
	Name	Class		Name	Class	
	Name	Class		Name	Class	
	Did any of your relatives attend S	CA? If yes, please co	omplete the followin	g:		
Name	2	Year Graduated	e-mail/Mailing Ad	dress		

F. Person responsible for your educational needs

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

First No	ame Middle Initial	Middle Initial Surname		Phone Number	
Relationship to you	1: Mother	Father	Legal Guardian	Other	
			-	Other(Please specify)	
8. Date you seek admiss	sion? August		Other	(Please specify)	
		Year		(Please specify)	
9. This application is for	r enrollment/Transfer Into	o as:			
First Form	Secon	d Form	Third form	n	
Fourth Form	(assessed on case by case	e basis)			
1. Previous High School Name:			Address:		
Type of School:			rban		
	Agricultural Technical	Rı	aral Denominational		
	Co-Ed	Pu	ıblic		
	Offers AP Courses	Pr	ivate		
Previous Class S	ize:				
Passing Mark:					

Number of Subjects studied per Semester:

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

- 12. 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.
- 13. You are encouraged to submit a statement explaining why you selected this high school to pursue your educational objectives.
- 14. Do you wish to request special admission consideration based on socio-economic 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.)
- 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.

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?
 - No b. Have you ever been charged with violation of the law?

IMPORTANT

Yes

Yes

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.

When accepted to St. Catherine Academy, to secure my place, my parents or guardian and I 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.

	Date		/	/
Applicant's Digital Signature (fill in full name above)	_	Day	Month	Year
	Date		/	/
Parent's/Guardian Digital Signature (fill in full name above)	_	Day	Month	n 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.

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