

SAINT CATHERINE ACADEMY APPLICATION FOR ADMISSION AS FRESHMAN

(To be completed by applicant's Parent or Guardian)

AWL	R
Interview	_Reason
Student ID Nu	
Receipt Number	
FOR OFFICE	AL USE ONLY

Applicant's First Name Middle Name			 Surname		
ome Address					
Street		City/Town	n/Village	District	
		•	C		
d m y	01 Birin	Socia	i Security Number	r	
tizenship: Belizean Natio f accepted, you will be required t f passport and birth certificate)	onal Permar o submit a photocop	nent Resident y of your social sec	Other Specify curity card along	with a photocopy	
eligion	Baptism Date _		Parish		
hat is the state of your health?	Excellent	Good	Fair 1	Poor	
dicate any medical condition or spegularly.)	ecial treatment (Specif	y things you are all	lergic to and list a	ny medication you take	
ONTACT INFORMATION					
		iden Name		Married Name	
Religion		Living	Deceased		
Address (If different from above)					
Street		City/To	wn/Village	District	
Business Owned/Employer		Job/Title _			
			_		
		Living	Deceased		
Address (If different from above)					
Street		City/Tow	n/Village	District	
E-mail Address			_ Cell Number _		
Business Owned/Employer		Job/Title			
Guardian:				 _	
(If Any) Name		Religion		Relationship to you	
Address (If different from above)					
Street		City/Town	/Village	District	
E-mail Address			_ Cell Number _		
Business Owned/Employer		Job/Title _			
Parents' Marital Status: M	farried Single	e (Never Married)	Divorced	Common Law Union	
Number of Brothers		Number of Siste	ers		
Do you have sister(s) currently att	ending SCA?	No	Yes		
Name	Class		Name	Class	
Name	Class		Name	Class	
		1 4 41 6 11	a.		
Did any of your relatives attend SC	CA? If yes, please cor	npiete the following	g.		
	Year Graduated	Email/Mailing			
	Street il Address	Street il Address ate of Birth/ Place of Birth d my tizenship: Belizean National Permat f accepted, you will be required to submit a photocop f passport and birth certificate) eligion Baptism Date hat is the state of your health? Excellent dicate any medical condition or special treatment (Specificate) ONTACT INFORMATION Mother's First Name	Street City/Town Electron Electron	Street City/Town/Village il Address Electoral Division atte of Birth / Place of Birth Social Security Numbe tizenship: Belizean National Permanent Resident Other Specify f accepted, you will be required to submit a photocopy of your social security card along f passport and birth certificate) Bigion Baptism Date Parish hat is the state of your health? Excellent Good Fair I dicate any medical condition or special treatment (Specify things you are allergic to and list a gularly.) DNTACT INFORMATION Mother's First Name Maiden Name Religion Living Deceased Address (If different from above) Street City/Town/Village E-mail Address Gell Number Business Owned/Employer Job/Title Father's First Name Surname Religion Living Deceased Address (If different from above) Street City/Town/Village E-mail Address Cell Number Business Owned/Employer Job/Title Guardian: (If Any) Name Religion Address (If different from above) Street City/Town/Village E-mail Address Cell Number Business Owned/Employer Job/Title Guardian: Cell Number Business Owned/Employer Job/Title E-mail Address Cell Number Business Owned/Employer Job/Title Business Owned/Employer Job/Title Parish hat is the state of your health? Excellent Good Fair City/Town/Village Cell Number Business Owned/Employer Job/Title Business Owned/Employer Job/Title Business Owned/Employer Job/Title Do you have sister(s) currently attending SCA? No Yes	

-	onsible for your e			he school to contact:			
G. In case of a	n emergency, mai	cate the person	you request t	me school to contact:			
D -1-4:	First Name		e Name	Surname			Number
Relation	ship to you:	Mother	Father	Legal Guardia	in C	Other	Please specify)
9. If your firs	t language is othe	r than English, l	how many yea	ars have you spoken or	r written Eng	lish?	
10. Primary Sc	hool Information:	Graduation Da	ite:	//			
			Month	Year	Schoo	l	
				iew of your applicatio ipation in school clubs			
(SCA awar		ıd book grants a	nnually. To a	ased on financial need pply you can obtain th		elevant info	Yes No by
				ant to apply for a Sporn and/			Yes No ce.)
application		e note that you	may be requir	omit a full statement of ed to furnish the school eedings.			
				isciplinary action for ducational institution?		Yes	No
IMPORTANT							
I understand the given in this ap application may	at this application plication is comply result in discipling	ete and accurat nary action, den	e, and I under iial of admissi	is valid only for Augu stand that to make fals on, or invalidation of J	e or fraudule promotion or	nt statemen diplomas e	ts within this carned.
_		-	_	ance, parents or guard	ian and accep	ted applica	nt must:
b. ад с. по	otify the Office of	e policies and the Admission of a	he rules and ro any change of	nptly. egulations of the schoo information I have giv order I submit with thi	ven prior to n	ny entry to	school.
				Dat	e .	/	/
Applicant's Dig	gital Signature (file	l in full name al	bove)		e	Month	Year
Parent's/Guard	ian Digital Signati	are (fill in full n	ame above)	Date	e	Month	/
				PLICATION	,		
 .		 -	For Official			- 	
PSE SCORI	E MATI	H E	NGLISH	INTEGRATED SCIENCE	SOCIA STUDI		HOUSE
				SCIENCE	STUDI	-10	

ADDENDUM

Applicant's Digital Signature (fill in full name above)

Parent's/Guardian Digital Signature (fill in full name above)

ADDENDUM
If any of your answers to Question 14 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.

Month

Month

Year

Date _

Day