

## SAINT CATHERINE ACADEMY

AWLR
Int. Date:
/ /
Student ID Number
Receipt Number
FOR OFFICIAL USE ONLY

## APPLICATION FOR TRANSFER IN

Completed forms must be in by the July 1, 2024. Incomplete forms will not be processed. Please attach copy of transcript or report card from previous school, principal and teacher recommendation forms. PLEASE PRINT. Applicant's First Name Middle Name Surname 2. Home Address (REPORT ANY CHANGES PROMPTLY) District City/Town/Village E-mail Address Electoral Division \_ \_\_\_/\_\_\_ Place of Birth \_ Social Security Number \_\_\_ 4. Citizenship: Please Check Belizean National Other Specify Pemanent Resident (If accepted, you will be required to submit a copy of passport, birth certificate or social security card) \_\_\_\_\_ Baptism Date \_\_\_\_\_ 6. What is the state of your health? Please check Excellent Good Poor Indicate any medical condition or special treatment (Specify things you are allergic to and list any medication you take regularly.) 7. CONTACT INFORMATION Married Name Mother's First Name Maiden Name Living Deceased Religion Phone Number (If different from above) Cell Number E-mail Address Business Owned/Employer Job/Title Father's First Name Surname Living Deceased Religion Phone Number \_\_\_\_\_ Address (If different from above) E-mail Address Cell Number Business Owned/Employer \_\_\_\_\_ \_\_\_\_\_ Job/Title \_\_ C. Guardian: Religion Relationship to you (If Any) Name Address Phone Number \_\_\_ (If different from above) E-mail Address Cell Number Business Owned/Employer \_\_\_ Job/Title Married Divorced Common Law Union D. Parents' Marital Status: Single (Never Married) E. Number of Brothers Number of Sisters Do you have sister(s) currently attending SCA? No Yes Name Class Name Class Class Name Name ClassDid any of your relatives attend SCA? If yes, please complete the following:

Name Year Graduated e-mail/Mailing Address

	me Middle Initial	S	urname	1	Phone Numbe	er
Relationship to you	: Mother	Father	Legal Guardian	Ot	her	
Data van gaals admissa	ion? Avoust		Othor		,	ase specify)
Date you seek admiss	ion? August	Year	Otner		Please specify	·)
This application is for	enrollment/Transfer Into	as:				
First Form	Second	l Form	Third i	form		
Fourth Form	(assessed on case by case	basis)				
If your first language	is other than English, how	many years	have you spoken or wi	ritten Englis	sh?	
Previous High School	Information:					
Name:			Address:			
Type of School:			Jrban			
	Agricultural Technical	R	tural Denominational			
	Co-Ed	P	ublic			
	Offers AP Courses	P	rivate			
Previous Class Si	ze:					
	ze:					
	cts studied per Semester:_					
You are encouraged to	o submit a statement expla	aining why y	ou selected this high so	chool to pur	sue your edu	cational obje
Do you wish to reques	st special admission consi hips and book grants annu	deration bas	ed on socio-economic 1	need?	Yes	No
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## ADDENDUM

If any of your answers to Question 15 is <b>yes</b> , you must submit a full statement this page.	ent of re	levant facts	s below; otherw	wise, ignore
A reminder that you may be required to furnish the school with copies of all disposition of the proceedings.	l official	document	tation explaini	ng the final
a. Have you ever been charged with or subjected to disciplinary action for S at any educational institution? Explain in great detail the nature of the inci	Scholast idence(s	ic or any o ) and their	ther type of m	isconduct d outcomes.
b. Have you ever been charged with violation of the law? Explain in great dresolutions and outcomes.	letail the	e nature of	the incidence(	(s) and their
Applicant's Digital Signature (fill in full name above)	Date _	Day	/ Month	/ Year
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Parent's/Guardian Digital Signature (fill in full name above)	Date _	Day '	Month	Year Year