



# PALOTTI HIGH SCHOOL APPLICATION FOR ADMISSION

(Please print or type)

Please attach a recent wallet size photo

## TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

Legal Name of Applicant \_\_\_\_\_  
Last First Middle

Does the applicant have any other last name which might appear on school records? Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate name \_\_\_\_\_

Address \_\_\_\_\_  
Street City/Town District

Home/Cell Phone \_\_\_\_\_ Religion \_\_\_\_\_ Church Attending \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Belizean Citizen? Yes \_\_\_\_ No \_\_\_\_

If a language other than, or in addition to, English is spoken at home, please indicate \_\_\_\_\_

Applying for admission to Form \_\_\_\_\_, beginning \_\_\_\_\_ Social Security # \_\_\_\_\_  
Month/Year

School currently attending \_\_\_\_\_

Please list other high schools to which applicant is applying \_\_\_\_\_

## RELIGIOUS INFORMATION OF APPLICANT

Baptism \_\_\_\_\_ / \_\_\_\_\_  
Date Parish City/Town

First Communion \_\_\_\_\_ / \_\_\_\_\_  
Date Parish City/Town

## CUSTODIAL/NON-CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION

Father/Stepfather/Legal Guardian (circle one)

Mother/Stepmother/Legal Guardian (circle one)

Legal Name \_\_\_\_\_

Legal Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

(Hours you can be reached at this number) \_\_\_\_\_

(Hours you can be reached at this number) \_\_\_\_\_

Primary E-mail \_\_\_\_\_

Primary E-Mail \_\_\_\_\_

Primary E-mail \_\_\_\_\_

Primary E-Mail \_\_\_\_\_

Send all correspondence to: \_\_\_\_\_

Parents are residing together \_\_\_\_ divorced \_\_\_\_ separated \_\_\_\_ deceased: Mother \_\_\_\_ Father \_\_\_\_

Applicant resides with: (eg. Mother & Father, Father & Stepmother) \_\_\_\_\_

Legal custody of the child belongs to: \_\_\_\_\_

If this applicant is accepted, financial obligations will be assumed by: \_\_\_\_\_

List the schools applicant attended:

Year \_\_\_\_ Grade(s) \_\_\_\_ School Location \_\_\_\_\_

Year \_\_\_\_ Grade(s) \_\_\_\_ School Location \_\_\_\_\_

Year \_\_\_\_ Grade(s) \_\_\_\_ School Location \_\_\_\_\_

**NAMES OF FAMILY MEMBERS WHO ARE GRADUATES OF PALLOTTI HIGH SCHOOL**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class of \_\_\_\_\_

Is there any physical impediment which can affect the applicant participation in Physical Education?

Yes \_\_\_\_\_ No \_\_\_\_\_ Kindly insert medical certificate.

Does the applicant have substantial involvement in non-school activity about which we should know? (eg. Girls Guide/Scout) Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant plays any sports? Yes \_\_\_\_\_ No \_\_\_\_\_ Kindly list \_\_\_\_\_

Does the applicant plays any sports? Yes \_\_\_\_\_ No \_\_\_\_\_ Kindly list \_\_\_\_\_

Has this applicant ever been expelled, asked to withdraw, or suspended from any school for disciplinary and/or academic reasons? (If yes, please attach full details, including name of school and year.) Yes \_\_\_\_\_ No \_\_\_\_\_

**STATEMENT OF ACCURACY AND AUTHENTICITY**

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to Pallotti High School any changes contained herein, even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the school reserves the right to revoke the admission of the applicant. I authorize the verification of any or all information on this form.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent(s)/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Attach a copy of your Standard IV, V & VI School Report Card.  
DEADLINE TO SUBMIT APPLICATION FORM IS Friday, March 16, 2018  
Application Fee is \$30.00 NON-REFUNDABLE**





## RECOMMENDATION FORM

### Directions for Principal/Homeroom Teacher:

Please make a copy of the original and send this form along with documentation to Pallotti High School as requested by Parent(s)/Legal Guardian. Please retain original in student applicant's file.

### TO BE COMPLETED BY PRINCIPAL/HOMEROOM TEACHER

Name of Applicant: \_\_\_\_\_

### Evaluation:

Has this applicant ever been expelled, asked to withdraw, or suspended from your school for disciplinary and/or academic reasons? If so, please provide details. \_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever undergone an individual psycho-educational test, such as diagnosing learning disabilities or emotional difficulties? Yes \_\_\_ No \_\_\_

If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

How would you rate the applicant's family's overall support of the school? \_\_\_\_\_  
\_\_\_\_\_

Has the applicant been recognized at your school for any outstanding academic, spiritual, artistic or athletic performance or contribution? Yes \_\_\_ No \_\_\_

If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

If applicable, does this family pay tuition in a timely manner? Yes \_\_\_ No \_\_\_

Check one of the following:

\_\_\_ 1) I strongly endorse this candidate for admission.

\_\_\_ 2) I endorse this candidate.

\_\_\_ 3) I endorse this candidate with reservations.

\_\_\_ 4) I do not endorse this candidate.

*(Please complete reverse side)*

