



ST. JOHN'S COLLEGE

APPLICATION TO FIRST FORM 20__ - 20__

NAME OF PRIMARY SCHOOL _____

www.hs.sjc.edu.bz

Dear Applicant:

- 1.) Please fill out this form completely and accurately.
- 2.) Have your parent or guardian complete and SIGN the Agreement.
- 3.) Attach a copy of your **STANDARD IV, STANDARD V** and **STANDARD VI** school reports (through the most recently completed term). Note: attach copies, not originals, as they will not be returned to you.
- 4.) A copy of some document that proves you are a Belizean or a Permanent Resident: birth certificate or passport or Permanent Residence Card.
- 5.) A copy of your Social Security Card.
- 6.) A photograph of yourself.
- 7.) Have your Primary School Principal or your Standard VI teacher complete the attached recommendation form and return it separately in a sealed envelope. (Note: Schools may send several recommendations together.)
- 8.) Attach an Application Fee of \$25.00.
- 9.) Attach a **STAMPED, SELF-ADDRESSED ENVELOPE** for us to mail your the response.
- 10.) **DEADLINE FOR THE SUBMISSION OF APPLICATIONS IS THE LAST FRIDAY IN MARCH.**
(High School Office hours are Mon-Thurs 8:00a.m. - 4:30 p.m., Fridays- 8:00a.m.-4:00p.m.)

PLEASE PRINT

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|----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|
| First Name | | Middle Name | | Last Name (Family Name) | |
| | | | | | |
| Home Address _____ _____ | | | Social Security No. _____ | | |
| | | | School Attending _____ | | |
| Tel. No. | | Date of Birth | | Status | |
| | | | | | |
| Email Address | | 20__ | | Religion: _____ | |
| | | Day Month Year | | Belizean Citizen? Yes ___ No ___ | |
| | | | | If no, status _____ | |
| Mother's Name | | | Father's Name | | |
| | | | | | |
| Work Place | | Telephone | | Work Place | |
| | | Work: _____ Cell: _____ Email: _____ | | | |
| | | - | | Work: _____ Cell: _____ Email: _____ | |
| Whom do you live with? | | | | | |
| <input type="checkbox"/> Both parents (Skip next question) | | <input type="checkbox"/> Mother only | | <input type="checkbox"/> Father only | |
| <input type="checkbox"/> Guardian | | | | | |
| 1.) Legal Custody of the child belongs to: _____ | | | | | |
| 2.) Did any relative of the child did attend St. John's College? Yes _____ No _____ | | | | | |
| 3.) If yes, state how you are related to the child _____ | | | | | |
| If you live with a guardian, answer this question | | | | | |
| Guardian's Name | | | Guardian's relation to you: | | |
| | | | <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____ | | |
| Address | | Telephone: | | | |
| | | | | | |
| Please specify any medical problem(s) that the school should know about (Use a separate sheet if a detailed explanation is necessary): | | | | | |
| | | | | | |

AGREEMENT OF PARENTS/GUARDIANS

I have read the information on the back of this form. If my son is accepted at St. John's College I shall:

1. Pay or arrange for payment of all fees.
2. Become familiar with the rules and policies of the school and cooperate with the school in enforcing them.
3. Be a part of the school's activities by attending school functions and supporting school endeavors.
4. Ensure that my son spends at least two hours daily on home study.

Name of Parent/Guardian: (PLEASE PRINT)

Signature of Parent/Guardian:

THIS PART FOR OFFICE USE ONLY

| P. S. E. | ENG | MATH | SCI | SOC | TOTAL | AVE |
|----------------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------------|-----|
| <input type="checkbox"/> STD. V Report | <input type="checkbox"/> STD VI Report | <input type="checkbox"/> Recommendation | <input type="checkbox"/> Belizean b.c./p.p. | <input type="checkbox"/> Permanent Residence | <input type="checkbox"/> Application Fee | |

Dear Parents or Guardians:

Thank you for your interest in St. John's College. St. John's College is a Catholic, all-boys secondary school founded by the Jesuit order. One purpose of the college is to provide its students with a sound, broad education that will equip them for employment or for further studies upon graduation. Our goal is to develop the human potential of our students in all aspects -- moral, spiritual, intellectual, social, physical.

These are ESTIMATED costs for First Form. They are subject to change.

| | | |
|--------------|------------------|------------------------------------------------------------------------------------------|
| Tuition: | BZ\$600.00 /year | (Belizean citizens/Permanent Residents have this tuition paid for them by Government) |
| School fees: | BZ\$862.00/year | (These are to be paid at registration) |
| Textbooks: | BZ\$450.00 | (This is the estimated cost for all required textbooks if they are bought new, not used) |

FINANCIAL AID

The college offers some financial aid towards fees and books. Application forms can be obtained from the SJC High School Office. Deadline for completed financial aid applications is the **LAST Friday in March**.

THANKS FOR CHOOSING ST. JOHN'S COLLEGE!



ST. JOHN'S COLLEGE

RECOMMENDATION FORM

TO BE FILLED OUT BY SCHOOL PRINCIPAL OR BY CLASS TEACHER

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF APPLICANT: | |
| NAME OF SCHOOL ATTENDING: | |
| NAME OF RECOMMENDER: | |
| I'M THIS APPLICANT'S ___Principal ___Std. VI Teacher ___Other(Specify:_____) | |
| <p>Dear Recommender:</p> <p>Thank you for helping us in our admissions work. Please complete this form and return it directly to St. John's College IN A SEALED ENVELOPE the last Friday in March (if several recommendations come from the same school, they may be sent together in one envelope).</p> <p>This information will be used in our selection process. Information provided will not be shared with the applicant or his parents. Please be frank.</p> | |
| Please comment on the applicant's academic performance and potential. | |
| Please comment on the applicant's behavior in and out of school. | |
| Please comment on the support this applicant's parents provide to the school and the student. (This includes not just financial support but moral support, encouragement and cooperation) | |
| Are there any personal or other factors that affect this applicant's schoolwork? Please comment. | |
| <p>Do you expect this boy to graduate from your school? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Does this boy have the overall ability and personal qualities to succeed at St. John's College? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Don't know</p> <p>(Check one)</p> <p><input type="checkbox"/> I recommend this applicant with enthusiasm <input type="checkbox"/> I recommend this applicant without enthusiasm</p> <p><input type="checkbox"/> I recommend this applicant <input type="checkbox"/> I DO NOT recommend this applicant</p> | |
| If there are any other things you think we should know, please note them on the reverse side: | |
| Signature: _____ | |