



# BELIZE CHRISTIAN ACADEMY

## APPLICATION FOR ENROLLMENT

Application must be complete before Student is enrolled

Returning Candidate       New Candidate

Attention: A certified copy of birth certificate, updated/current immunization record, certified transcript (High School), original report card (Primary School), two letters of recommendation (new student only) and proof of Belize Immigration Records must be submitted with this application.

Student Name \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ School Year \_\_\_\_\_ Grade: \_\_\_\_\_

Immigration Status:  Belize Citizen     Resident     Diplomatic Corp.     Other  
 Student Visa # \_\_\_\_\_

### Parent's Information

**Father**

**Mother**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Phone Number (What's the best number to contact you?)

Home     Work     Cell

Education Level \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Church Address \_\_\_\_\_

Church Involvement \_\_\_\_\_

Student lives with: Two Parents \_\_\_\_\_ One parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Name of Person Responsible for Tuition Payment \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_

Referred by \_\_\_\_\_ Telephone: \_\_\_\_\_

### List Previous Schools Student has attended:

Name of School      Address      District      Grades      Reason for Leaving

\_\_\_\_\_

\_\_\_\_\_

I would like to be active in the following:

- Class Parent homeroom     Booster Club  
 Substitute     Volunteer Sport

### For Office Only

- Application form all spaces filled in and signed  
 Start Date: \_\_\_\_\_  Birth Certificate  
 Enrollment fees paid     Recommendation letters (2)  
 Testing  
 Certified Transcript (HS) Report Card (PS) submitted  
 Updated Immunization Record  
 Belize Immigration Record

List below all other children in family:

	Name	Age	Present School	Applying to BCA
1.	_____	_____	_____	Yes / No
2.	_____	_____	_____	Yes / No
3.	_____	_____	_____	Yes / No
4.	_____	_____	_____	Yes / No

**EMERGENCY CONTACT – PROVIDE THE INFORMATION OF A PERSON IN CASE OF AN EMERGENCY**

Name	Address
_____	_____
Phone Number	Relationship
_____	_____

In the event that this child is injured or becomes seriously ill and Parents or other authorized persons cannot be reached, I authorize Belize Christian Academy to take appropriate emergency measures, including placing this Child in the nearest emergency hospital.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent or Guardian) (Parent or Guardian)

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

**Person(s) authorized to check out your Child:**

<b>Pick up after school</b>	<b>Check out of school</b>
Name & Relationship _____	_____
Phone Number: _____	_____

**HEALTH RECORD**

Does this child have :( Please check)	Has this child ever had: (Please Check)
Nose Bleeds _____	Chicken Pox _____
Frequent Colds _____	Hepatitis _____
Frequent Sore Throats _____	Measles _____
Frequent Ear Infections _____	Mumps _____
Problems with Skin Rash or Sores _____	Scarlet Fever _____
Heart Trouble _____	Tuberculosis _____
Seizures (Fits) _____	German Measles _____
Fainting Spells _____	Polio _____
Diabetes _____	Whooping Cough _____
Asthma _____	Malaria _____
Allergies _____	Is this child on medication? _____ If so,
Tonsillitis _____	what? _____
Frequent High Fevers _____	
Frequent Diarrhea _____	Does this child need to take any medication
Frequent Stomach Problems _____	during school hours? _____ If so, describe:
Has this child been immunized for: (check)	_____
Diphtheria _____ Pertussis _____ Tetanus _____	
Rubella _____ Rubeola _____ Smallpox _____	Is this child allergic to any medications
Polio1 _____ Polio2 _____ Polio3 _____	or other items? _____ If so, describe: _____
Other _____	_____

I verify that I have submitted a current Immunization Record

X \_\_\_\_\_ X \_\_\_\_\_  
 Parent's/ Guardian's Signature Date

