



PALOTTI HIGH SCHOOL APPLICATION FOR ADMISSION

(Please print or type)

Please attach a
recent
passport 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 ____
DD/M/YY

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

Primary 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 _____

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 _____

Name _____ Relationship _____ Class of _____

Name _____ Relationship _____ Class of _____

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 _____

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 14, 2025
Application Fee is \$20.00 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 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)

ADDITIONAL COMMENTS

Please provide any additional information regarding the applicant or the applicant’s family that would help us to better know her spiritual, educational or personal needs.

Signature of Principal/Homeroom Teacher _____ Date _____

School _____ Address _____

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the candidate’s application. All information provided will be held in confidence and disclosed only to admissions committee.

Please return this completed form directly to the address list below in an official envelop from your school.

**Pallotti High School * P.O. Box 180 * Princess Margaret Drive * Belize City, Belize
(501) 224-4886 (Phone)**