

Class: _____

DELILLE ACADEMY NEW STUDENT REGISTRATION FORM 2025-2026

RECEIPT # _____ **DATE:** _____

NAME: _____

APPLICATION FOR ADMISSION PROCEDURES

Your application package needs to have the following:

- ✓ Application Form.
- ✓ Copy of Birth Certificate.
- ✓ Copy of Social Security Card.
- ✓ Copies of grade reports Standard 4, 5 and two terms in Standard 6
- ✓ Copy of the primary school completion certificate
- ✓ **Two Recommendations.** One from the **Principal** of your Primary School and one from a **Teacher**.
- ✓ Photograph. Include one (1) recent color passport-size picture with first and last name printed on the back for easy identification.

Submit the above listed documents and completed application form to:

Principal
Delille Academy
P.O. Box 262, New Site Area
Dangriga Town, Belize C.A.

Further inquiries can be made to:

Phone: 522-3917/0601 WhatsApp #: 610-9393/610-8858

Email: delilleacademy@yahoo.com or
delilleacademy.secretary@gmail.com

Student Biographical Information

1. Name: _____
Last Name First Name Middle Name

2. Home address: _____
Street City/Town District

3. Student Social Security No: _____ Expiration date: _____

4. Date of Birth: _____ (Date) _____ (Month) _____ (Year) Age: _____

5. BEMIS No: _____

6. Citizenship Status: ☐ Belizean ☐ Permanent Resident ☐ Foreign National _____

7. Ethnicity: ☐ Garifuna ☐ Creole ☐ Maya ☐ Mestizo Other(specify): _____

8. Gender: ☐ Male ☐ Female

9. Religion: _____ e.g., Catholic, Baptist, Adventist, Methodist

10. If Catholic please indicate which sacraments you have taken: ☐ Baptism ☐ First Holy Communion

☐ Confirmation

11. Telephone #: _____ (CELL) _____ (HOME)

12. Email Address: _____

13. Feeder School: _____ (Primary School you attended)

OTHER INFORMATION:

14. Medical Problems/Conditions (State) AND attach Medical Certificate from Certified Health Provider:

15. T-Shirt size: (Circle one) XXL XL L M S XS

16. Short Pants size: (Circle one) XXL XL L M S XS

PARENT INFORMATION: Please provide name of parents even if deceased.

17. Mother's Name: _____
First Middle Last (Maiden Name)

18. Marital Status: If Married _____ (Please state Married Name)

19. Address: _____
Street City/Town District

20. Home Phone: _____ Cell Phone: _____

21. Father's Name: _____
First Middle Last

22. Address: _____
Street City/Town District

23. Home Phone: _____ Cell Phone: _____

24. **Guardian:** _____
First Middle Last

25. Address: _____
Street City/Town District

26. Home Phone: _____ Cell Phone: _____



DELILLE ACADEMY PARENT AGREEMENT FORM

I _____ (parent / guardian) of
_____ (Student Name) am in agreement
with the policies and rules of Delille Academy and all other rules, which may be set from time to time by the
Academy for the good conduct and order of the students. I will uphold any consequences for misbehavior or
misconduct outlined in the Delille Academy Student Handbook on the part of my child.

Parent / Guardian (Signature)

Student (Signature)

Witnessed by: _____ (Signature)

(Print Name)

(Date)

DELILLE ACADEMY ELECTIVE OPTIONS BY FORMS 2025-2026

FORM 1
Sewing
Arts & Craft
CALS (<i>recommended by Summer School Teacher</i>)
Music

❖ **First Form students will only choose one elective.**

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