



DELILLE ACADEMY

RETURNING STUDENT

REGISTRATION FORM UPDATE

2025-2026

RECEIPT # _____ DATE: _____

CLASS/FORM: _____

Biographical Information

1. Name: _____

Last Name

First Name

Middle Name

2. Home address: _____

Street

City/Town

District

3. Previous Class (2024-2025): _____

4. Repeating Students: Class repeating _____ Class Repeated before: _____

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

6. Bemis No: _____

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

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

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

10. Gender: ☐ Male ☐ Female

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

12. Email: _____

13. House: Tapir ☐ Jaguar ☐ Pelican ☐ Puma ☐ Jabiru ☐ Toucan ☐

14. Religion: _____ *e.g., Catholic, Baptist, Adventist, Methodist*

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

☐ Confirmation

OTHER INFORMATION:

16. Medical Problems/Conditions (State) AND attach Medical Certificate from Certified Health

Provider: _____

17. Blood type: _____

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

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

20. Payment Agreement: _____ Amount paid at Registration

21. Date(s) of subsequent payments: _____ (before December of
school year)

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

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

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

24. Address: _____

Street

City/Town

District

25. Home Phone: _____ Cell Phone: _____

26. Email Address: _____

27. Father's Name: _____
First Middle Last

28. Address: _____

Street

City/Town

District

29. Home Phone: _____ Cell Phone: _____

30. Guardian: _____

First

Middle

Last

31. Address: _____

Street

City/Town

District

32. Home Phone: _____ Cell Phone: _____

33. Email Address: _____

N.B Parents and students

Preregistering for the new academic year does not guarantee promotion. Students need to meet all promotion requirements in order to be promoted to a higher form.



DELILLE ACADEMY
PARENT AGREEMENT FORM

I _____ (parent / guardian) of _____

(Student Name). I 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 at the Academy. I will uphold any punishment set by the school for non-compliance on the part of my child.

Parent / Guardian (Signature)

(Print Name)

Student (Signature)

(Print Name)

Witnessed by: _____ (Signature)

(Print Name)

Date