

DELILLE ACADEMY **TRANSFER STUDENT** APPLICATION FORM 2025-2026

RECEIPT # _____ DATE: _____

CLASS: _____ FORM: _____

APPLICATION FOR ADMISSION PROCEDURES

Your application package needs to have the following:

1. Complete Application Form.
2. Copy of Birth Certificate.
3. Copy of Social Security Card.
4. Official transcripts from previous High School.
5. **Two Recommendations.** One from the **Principal** of the school you are leaving and one from a **Teacher**.
6. 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

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. Bemis No: _____
5. Date of Birth: _____ (Date) _____ (Month) _____ (Year) Age: _____
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: _____
13. Name of School transferred from: _____
14. Class/Form: _____
15. Reason for transfer: Behavioral ☐ Academic ☐ Other (specify) _____
16. Name of Referees: (a) _____ (b) _____

EDUCATION

17. Feeder School: _____ *(Primary School you attended)*
18. COPY OF TRANSCRIPT: Yes ☐ No ☐

OTHER INFORMATION:

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

Provider: _____

20. T-Shirt size: (Circle one) XXL XL L M S XS
21. Short Pants Size (P.E Jersey) XXL XL L M S XS

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. **Father's Name:** _____

First

Middle

Last

27. Address: _____

Street

City/Town

District

28. Home Phone: _____ Cell Phone: _____

29. **Guardian:** _____

First

Middle

Last

30. Address: _____

Street

City/Town

District

31. Home Phone: _____ Cell Phone: _____

DELILLE ACADEMY
PARENT AGREEMENT FORM

I _____ (parent / guardian) of
_____ (Name of Child). 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)

Student (Signature)

Witnessed: _____ (Signature) _____ (Print Name)

(Date)

DELILLE ACADEMY ELECTIVE OPTIONS BY FORMS 2025-2026

FORM 1	FORM 2
Sewing	Sewing
Arts & Craft	Security Forces
CALS (<i>recommended by Summer School Teacher</i>)	CALS (<i>recommended by Subject Teacher</i>)
Music	Music

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

FORM 3 AND 4	
OPTION 1	OPTION 2
Street Law (<i>recommended for Security Forces students</i>)	English B
EDPM	P.O.A.
Tourism	Hospitality
P.O.B.	Music
Sewing	Security Forces

❖ **Third Form students will choose two electives. One from Option 1 and one from Option 2.**

❖ **Fourth Form students take the same electives from Third Form.**

Further inquiries can be made to:

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

Email: delilleacademy@yahoo.com or

delilleacademy.secretary@gmail.com

To the applicant: Please fill in your name, address, name and contact information of your parent or guardian.

To Recommender: Principal/Teacher is asked to complete the form and return to the applicant in an envelope that is signed, stamped and sealed.

1. Student Name:

Last Name First Name Middle Name

2. Home address: _____
Street City/Town District

3. Parent name: _____
First Middle Last

4. Address: _____
Street City/Town District

5. Home Phone: _____ Cell Phone: _____

RECOMMENDATION INSTRUCTIONS:

Delille Academy appreciates your willingness to evaluate the academic potential and behavior of the student named above. Please complete this form and return it to the student in a sealed and signed/stamped envelope to be submitted with the application by the applicant.

1. Your Name: _____

2. Title/Position: _____ School Name: _____

3. Address: _____ Phone: _____

4. Email address _____

5. How long have you known the applicant? _____ In what capacity? _____

6. Is the applicant's academic performance a true reflection of his/her ability? ☐ Yes ☐ No

7. Please rate the applicant on the following attributes: (Place a check mark)

	Excellent	Good	Average	Poor/Below Average
Motivation				
Written Communication				
Oral Communication				
Intellectual Curiosity				
Behavior				
Attendance				
Punctuality				
Reverence to the Catholic Church and Teachings				

8. Final Recommendation: ☐ Highly Recommended ☐ Recommended ☐ Recommend with Reservations

9. Comments:

Signature: _____

Date: _____

School Stamp

