



# ST. JOHN'S COLLEGE HIGH SCHOOL



*Application for Admission*  
2022 - 2023



**MEN FOR AND WITH OTHERS**



## St. John's College High School Application for Admission 2022 – 2023



Dear Applicant and Parents / Guardians,

Thank you for your interest in St. John's College High School.

St. John's College, established in 1887, is a Catholic, all-boys secondary school founded by the Society of Jesus (Jesuits). Since 1887, St. John's College remains the pioneer, most influential educational institution in Belize. Through a Jesuit education, St. John's College is committed and dedicated to building Christ's Kingdom of truth, love, justice, and peace. Through a rigorous academic program, St. John's College provides students a sound, holistic education that develops critical minds and a life-long devotion to learning. The ultimate goal of the institution is to develop the human potential of students in all aspects - moral, spiritual, intellectual, social, and physical.

Enrollment at St. John's College High School for the academic year 2022 - 2023 will require the following:

1. Application form completed accurately and honestly. All information should be written in print.
2. Copy of Standard IV, V, and VI reports. Standard VI report will include the most recently completed term. Kindly ensure that you attach certified copies and not original reports as these will not be returned.
3. A certified copy of birth certificate.
4. If the applicant is not Belizean, he should also include a copy of his permanent residence.
5. A copy of applicant's social security card.
6. A passport size photograph of the applicant.
7. Recommendation form completed by applicant's school Principal or Standard VI teacher.
8. A non-refundable application Fee of \$25.00

Place all the above documents in a manila envelope for submission. **The deadline to submit application package is on or before March 04, 2022.** Complete application packages should be submitted to St. John's College High School office between 8:00 a.m. – 4:00 p.m. Monday to Friday.

For additional information you may contact:  
St. John's College High School  
Telephone – 223 3732 / 223 3733  
admissions@hs.sjc.edu.bz

# ST. JOHN'S COLLEGE HIGH SCHOOL APPLICATION FOR ADMISSION

STUDENT INFORMATION				
LEGAL NAME	FIRST NAME	MIDDLE NAME	LAST NAME	
DATE OF BIRTH	MONTH	DAY	YEAR	CURRENT AGE
PLACE OF BIRTH	CITY / TOWN	COUNTRY	CITIZENSHIP	
HOME ADDRESS	HOUSE NO. / STREET	CITY / TOWN / VILLAGE	DISTRICT	
CONTACT INFORMATION	CELLULAR NUMBER	HOME PHONE	EMAIL ADDRESS	
SOCIAL SEC. NUMBER			BEMIS NO: (PROVIDED AT OUR HIGH SCHOOL)	
RELIGION	CATHOLIC <input type="checkbox"/>	ADVENTIST <input type="checkbox"/>	METHODIST <input type="checkbox"/>	
	ANGLICAN <input type="checkbox"/>	EVANGELICAL <input type="checkbox"/>	OTHER (SPECIFY) _____	
ETHNICITY	CREOLE <input type="checkbox"/>	GARIFUNA <input type="checkbox"/>	ASIAN <input type="checkbox"/>	
	MESTIZO <input type="checkbox"/>	INDIAN / HINDU <input type="checkbox"/>	OTHER (SPECIFY) _____	
LANGUAGE	PRIMARY LANGUAGE		SECONDARY LANGUAGE	
HOUSEHOLD	SINGLE PARENT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> NUCLEAR (Both Parents & Children) <input type="checkbox"/> EXTENDED (Both Parent, Children, Caring for Other Family Members) <input type="checkbox"/>			
MEDICAL CONDITION	KINDLY INDICATE IF THE APPLICANT HAS ANY PHYSICAL OR MEDICAL CONDITION OF WHICH THE SCHOOL SHOULD BE AWARE (USE AN EXTRA PAPER IF NEEDED).			
MEDICATION	PLEASE INDICATE IF THE APPLICANT IS TAKING ANY MEDICATION FOR SOME CONDITION.			

### FAMILY INFORMATION

MARITAL STATUS OF PARENTS OF GUARDIANS	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	SINGLE <input type="checkbox"/>	WIDOW/WIDOWER <input type="checkbox"/>
WITH WHOM DO YOU LIVE?	BOTH PARENTS <input type="checkbox"/>	PARENT 1 LISTED BELOW <input type="checkbox"/>	PARENT 2 LISTED BELOW <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>	
IF PARENTS ARE SEPARATED, WHO IS FINANCIALLY RESPONSIBLE FOR THE APPLICANT?	PARENT 1 LISTED BELOW <input type="checkbox"/>	PARENT 2 LISTED BELOW <input type="checkbox"/>	OTHER <input type="checkbox"/>		

### PARENT 1 OR GUARDIAN 1 CONTACT INFORMATION

LEGAL NAME	FIRST	MIDDLE	LAST
HOME ADDRESS	HOUSE NO. /STREET	CITY/ TOWN / VILLAGE	DISTRICT
CONTACT INFORMATION	CELLULAR PHONE	HOME	EMAIL ADDRESS
RELATIONSHIP TO APPLICANT	MOTHER <input type="checkbox"/>	FATHER <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>
	OTHER (SPECIFY) _____		
EMPLOYMENT	PLACE	WORK PHONE NUMBER	

### PARENT 2 OR GUARDIAN 2 CONTACT INFORMATION

LEGAL NAME	FIRST	MIDDLE	LAST
HOME ADDRESS	HOUSE NO. /STREET	CITY/ TOWN / VILLAGE	DISTRICT
CONTACT INFORMATION	CELLULAR NUMBER	HOME	EMAIL ADDRESS
RELATIONSHIP TO APPLICANT	MOTHER <input type="checkbox"/>	FATHER <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>
	OTHER (SPECIFY) _____		
EMPLOYMENT	PLACE	WORK PHONE NUMBER	

## EDUCATION INFORMATION

<b>LAST SCHOOL ATTENDED</b>	
<b>FIRST GENERATION STUDENT</b>	<p>A FIRST- GENERATION STUDENT REFERS TO A STUDENT WHOSE PARENTS/GUARDIANS HAVE NOT ATTENDED HIGH SCHOOL AND HE IS THE FIRST SON IN HIS FAMILY TO EVER ATTEND HIGH SCHOOL. ARE YOU A FIRST-GENERATION STUDENT?</p> <p style="text-align: center;"> <b>YES</b> <input type="checkbox"/>                      <b>NO</b> <input type="checkbox"/> </p>
<b>FAMILY EDUCATION</b>	<p>HAS YOUR FATHER AND / OR OTHER BROTHERS ATTENDED ST. JOHN'S COLLEGE HIGH SCHOOL?      <b>YES</b> <input type="checkbox"/>                      <b>NO</b> <input type="checkbox"/></p> <p>IF YES, PLEASE COMPLETE THE FOLLOWING:</p> <p>NAME: _____                      YEAR GRADUATED: _____              EMAIL: _____                      CONTACT NO.: _____</p> <p>NAME: _____                      YEAR GRADUATED: _____              EMAIL: _____                      CONTACT NO.: _____</p>
<b>FAMILY EDUCATION</b>	<p>HAS ANY OF YOUR PARENTS OR SIBLINGS ATTENDED ST. JOHN'S COLLEGE JUNIOR COLLEGE?      <b>YES</b> <input type="checkbox"/>                      <b>NO</b> <input type="checkbox"/></p> <p>IF YES, PLEASE COMPLETE THE FOLLOWING:</p> <p>NAME: _____                      YEAR GRADUATED: _____              EMAIL: _____                      CONTACT NO.: _____</p> <p>NAME: _____                      YEAR GRADUATED: _____              EMAIL: _____                      CONTACT NO.: _____</p>
<b>INTERNET ACCESS</b>	<p>DO YOU HAVE ACCESS TO INTERNET?</p> <p style="text-align: center;"> <b>YES</b> <input type="checkbox"/>                      <b>NO</b> <input type="checkbox"/> </p>
<b>DEVICE</b>	<p>WHAT TYPE OF DEVICE DO YOU HAVE TO USE FOR CLASSES?</p> <p style="text-align: center;">             LAPTOP <input type="checkbox"/>      DESKTOP <input type="checkbox"/>      TABLET <input type="checkbox"/>      NONE <input type="checkbox"/> </p>
<b>DISABILITY</b>	<p>PLEASE INDICATE ANY DISABILITY THE APPLICANT HAS</p>

## AGREEMENT OF PARENTS / GUARDIANS

I HAVE READ THE INFORMATION ABOVE AND INDICATE ALL INFORMATION PRESENTED IN THIS APPLICATION FORM IS COMPLETE, FACTUALLY CORRECT, AND HONESTLY PRESENTED. IF MY SON IS ACCEPTED AT ST. JOHN'S COLLEGE HIGH SCHOOL, I ALSO AGREE TO THE FOLLOWING:

1. AS A CATHOLIC JESUIT INSTITUTION, MY CHILD WILL BE REQUIRED TO PARTICIPATE IN ACTIVITES RELATED TO CATHOLIC FAITH.
2. ENSURE THAT MY SON HAS THE SUPPORT NEEDED TO EXCEL ACADEMICALLY, SPIRITUALLY, AND PERSONALLY.
3. ENSURE THAT MY CHILD HAS A LEARNING DEVICE TO ASSIST HIM IN HIS STUDIES.
4. BE PART OF THE SCHOOL'S ACTIVITIES BY ATTENDING SCHOOL FUNCTIONS AND SUPPORTING SCHOOL ENDEAVOURS.
5. BECOME FAMILIAR WITH THE RULES AND THE POLICIES OF THE SCHOOL AND COOPERATE WITH THE SCHOOL IN ENFORCING THEM.
6. PAY OR ARRANGE FOR PAYMENT OF ALL FEES ON TIME.

PARENT NAME (IN PRINT)

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE

### FOR OFFICIAL USE ONLY

	ENGLISH	MATH	SCIENCE	SOCIAL STUDIES	AVERAGE
STD IV					
STD V					
STD VI					
SPECIAL ACCOMODATIONS					
DISCIPLINE					



# ST. JOHN'S COLLEGE HIGH SCHOOL



## RECOMMENDATION FORM – PRINCIPAL OR STD VI TEACHER

**INSTRUCTIONS FOR APPLICANT: PLEASE COMPLETE THIS SECTION BEFORE SUBMITTING TO PRINCIPAL OR STANDARD VI TEACHER.**

NAME OF APPLICANT	FIRST	MIDDLE	LAST
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**INSTRUCTIONS FOR RECOMMENDER: PLEASE COMPLETE AND RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE AND / OR STAMP ACROSS THE FLAP, OR RETURN DIRECTLY TO ST. JOHN'S COLLEGE HIGH SCHOOL IF MORE THAN ONE RECOMMENDATION.**

NAME OF RECOMMENDER		POSITION / TITLE
SCHOOL		EMAIL OR TELEPHONE NUMBER
HOW LONG HAVE YOU KNOWN OR WORKED WITH THE APPLICANT?		

**BASED ON YOUR KNOWLEDGE OF THE APPLICANT, HOW WOULD YOU RATE HIM? PLACE A CHECK MARK IN THE APPROPRIATE BOX TO INDICATE YOUR RATING.**

#	CRITERIA	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
1.	INTELLECTUAL CURIOSITY & EFFORT				
2.	VERBAL EXPRESSION SKILLS				
3.	WRITTEN EXPRESSION SKILLS				
4.	ATTENDANCE				
5.	RESPONSE TO CHALLENGES				
6.	MATURITY / RESPONSIBILITY				
7.	RESPECT FOR OTHERS				
8.	LEADERSHIP / TEAMWORK				
9.	INVOLVEMENT IN SCHOOL / COMMUNITY				
10.	PARENTAL SUPPORT				

**KINDLY INDICATE SOMETHING WE SHOULD KNOW ABOUT THE APPLICANT THAT HAS NOT BEEN COVERED IN THIS RECOMMENDATION (BEHAVIOUR, ACHIEVMENTS, ETC.)**

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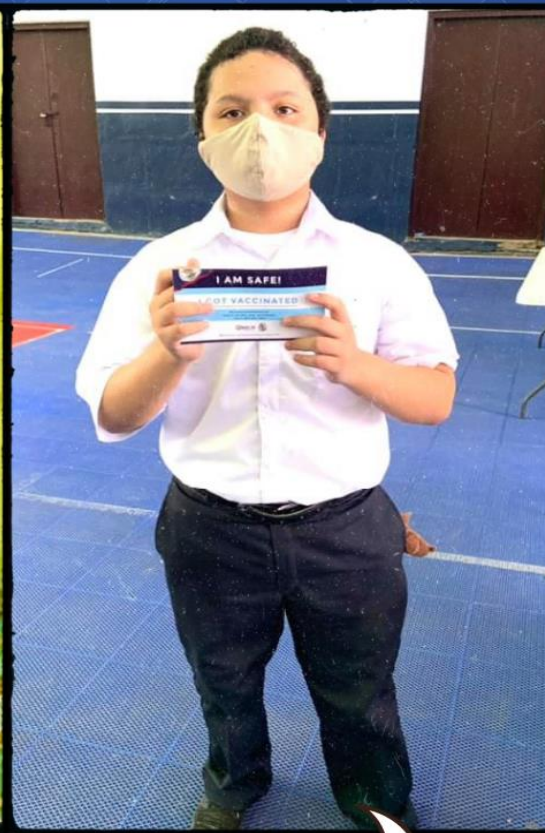
I RECOMMEND THIS APPLICANT WITH ENTHUSIASM     
 I RECOMMEND THIS APPLICANT  
 I RECOMMEND THIS APPLICANT WITHOUT ENTHUSIASM     
 I DON'T RECOMMEND THIS APPLICANT

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

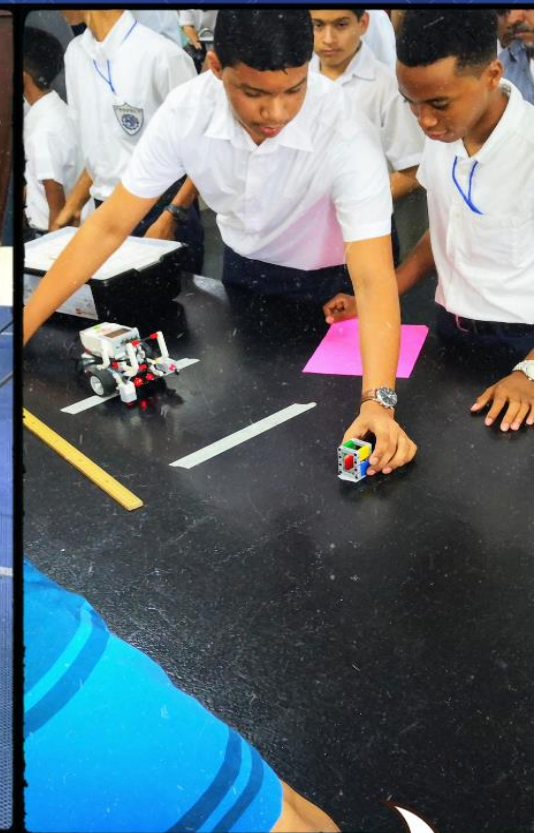
# THE PROFILE OF AN SJC GRADUATE



**OPEN TO GROWTH**



**COMMITTED TO JUSTICE**



**INTELLECTUALLY COMPETENT**



**LOVING**



**RELIGIOUS**