



## Belize High School of Agriculture

P.O Box 161, San Lazaro/Trinidad, Orange Walk District  
Tel: 662-4142 Email: bhsa1984@yahoo.com

### Application Form

Your application is the first step to joining the BHSa Family. Please take a moment to carefully look over your application form and follow instructions. It is important to fill in all areas accurately and submit all necessary documents. If you have any related questions, kindly contact us at the above telephone number or email address.

Complete this application form, gather supporting documents and submit application form with a non-refundable application fee of **\$10.00**. Completed applications must reach our office on or before **May 3, 2023**. Late application fee is **\$20.00**.

Please submit along with the completed application form, a copy of the following documents:

- A copy of Std. V Report Card and Std. VI 1<sup>st</sup> and 2<sup>nd</sup> Term Grades
- A copy of your Birth Certificate or Passport
- A copy of your Social Security Card

### SECTION I: BIOGRAPHICAL INFORMATION

1. Exact Legal Name (Block Letters)

Last name	First name	Middle name
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2. Gender: Male  Female

3. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

4. Place of Birth: \_\_\_\_\_

5. Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

6. Citizenship:  Belizean National  Permanent Resident  Other (Specify) \_\_\_\_\_

7. Religion: \_\_\_\_\_

### SECTION II: HOME ADDRESS AND CONTACT

1. Home Address: \_\_\_\_\_

2. Telephone #: \_\_\_\_\_ / \_\_\_\_\_  
Home Cell

3. Mailing Address: \_\_\_\_\_  
(If different from above)

4. Last Primary School Attended: \_\_\_\_\_

### SECTION III: PARENT/GUARDIAN INFORMATION (Complete only the section that applies)

#### A. PARENT'S INFORMATION

1. Mother's Name: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Address: \_\_\_\_\_



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4. Telephone #: \_\_\_\_\_ / \_\_\_\_\_  
Home Cell

### B. GUARDIAN'S INFORMATION

1. Guardian's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone #: \_\_\_\_\_ / \_\_\_\_\_  
Home Cell

### SECTION IV: MEDICAL HISTORY

1. Health:  Excellent  Good  Fair  Poor

2. If *fair* or *poor*, please disclose any health condition that may affect your studies.

\_\_\_\_\_

\_\_\_\_\_

3. Do you have a special need? Yes  No

If yes, please state \_\_\_\_\_

4. What allergies do you have? \_\_\_\_\_

5. Are you fully vaccinated?

Fully Vaccinated  Fully Vaccinated Except for Covid-19 Vaccine

### FOR OFFICIAL USE

	Yes	No
<b>A. COMPLETED APPLICATION:</b>	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of Std. V Report Card and Std. VI 1 <sup>st</sup> and 2 <sup>nd</sup> Term Grades		<input type="checkbox"/>
• Copy of your Birth Certificate or Passport	<input type="checkbox"/>	
• Copy of your Social Security Card	<input type="checkbox"/>	

	Yes	No
<b>B. ACCEPTED:</b>	<input type="checkbox"/>	<input type="checkbox"/>

<b>C. PSE GRADES:</b>	Math	_____
	English	_____
	Social Studies	_____
	Science	_____

<b>TOTAL</b>	_____
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**Principal/Teacher Recommendation Form**

**Name of Applicant:** \_\_\_\_\_

(Please write clearly)                      **Last**                                      **First**                                      **Middle**

**INSTRUCTIONS FOR PRINCIPAL OR TEACHER:** Please fill out this recommendation form on behalf of the above student. Seal the completed form in an envelope (stamp the back flap if possible) and return it to the applicant or forward it directly to the Principal, Belize High School of Agriculture. Thank you for your kind cooperation.

**Use the scale below and check the appropriate cell to rate the applicant.**

4 – Excellent                      3 – Very Good                      2 – Average                      1 – Poor

Criteria	4	3	2	1
Oral communication skills				
Written communication skills				
Academic abilities				
Dedication to academic studies				
Ability to carry out responsibilities				
Attitude towards school authority				
Ability to get along with others				
Respect for others				
Participation in school activities				
Leadership qualities				

**Overall recommendation for the applicant**

- |   |   |
|---|---|
| <input type="checkbox"/> Recommend Strongly | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Recommend          | <input type="checkbox"/> Do not recommend           |

**Please add anything else you believe is important.**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Name
Signature
Date

**School** \_\_\_\_\_ **Position** \_\_\_\_\_