



BISHOP MARTIN HIGH SCHOOL

¾ Mile San Lorenzo Road, OW • P. O. Box 177 • Tel. 322-3469 / 6706279 • Web: <http://www.bmhsow.edu.bz> • Email: office@bmhsow.edu.bz

Application for Admission 2023-24

Dear Applicant:

- 1.) Please fill out this form completely and correctly.
- 2.) Have your parent or guardian complete and **sign** the Agreement below.
- 3.) Submit certified copies of your birth certificate or permanent residence certificate* and social security card.
- 4.) Submit copies of your Standard V and Standard VI report cards. Have your primary school principal **and** your Standard VI teacher complete the attached recommendation forms and return them to BMHS in sealed envelopes. (**Note:** Schools may send several recommendations together)
- 5.) For transfer students, include an original sealed transcript from the last high school you attended and completed recommendations
- 6.) Include an **application fee** of **\$20.00**. An additional **\$10** Late Fee is charged for late applications.
- 7.) The deadline for submission of completed application packages is **FRIDAY, April 21, 2023** for incoming students and **FRIDAY, July 7, 2023** for transfer students.

Applicant Status	New Applicant <input type="checkbox"/>	Re-Applying <input type="checkbox"/>	Transfer <input type="checkbox"/>
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PLEASE PRINT

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First Name		Middle Name		Last Name		Gender	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address (Street, Town/City/Village, District Country)						Social Security No.	
# and Street			City/Town/Village		District		
Date of Birth			Name of Last School Attended			Religion	
DAY	MONTH	YEAR					
Mother's Name / Mother's Maiden name				Father's Name			
Occupation		Telephone No.		Occupation		Telephone	
Email Address				Email Address			
With whom do you live?							
<input type="checkbox"/> Both parents (Skip next ques.) <input type="checkbox"/> Mother only (Skip next ques.) <input type="checkbox"/> Father only (Skip next ques.) <input type="checkbox"/> Guardian (Answer next ques.)							
If you live with a guardian, answer this question:							
Guardian's Full Name						Guardian's relation to you:	
						<input type="checkbox"/> Aunt	
						<input type="checkbox"/> Uncle	
Address		Occupation	Telephone	Email Address	<input type="checkbox"/> Grandparent		
					<input type="checkbox"/> Other: _____		
Please indicate (with doctor's certification) any medical problems the school should know about:							
Please indicate any physical or (certified) learning disability the school should know about:							
Type of Internet access at home				Type of device			
<input type="checkbox"/> Wi-Fi (monthly Internet service)				<input type="checkbox"/> Desktop Computer			
<input type="checkbox"/> Data (via cellular phone)				<input type="checkbox"/> Laptop / Chromebook			
<input type="checkbox"/> None				<input type="checkbox"/> Tablet			
Person (s) or Entity Financially Responsible				<input type="checkbox"/> Father Only			
				<input type="checkbox"/> Mother Only			
				<input type="checkbox"/> Both Parents			
				<input type="checkbox"/> Guardian			
				<input type="checkbox"/> Organization (Name: _____)			
				<input type="checkbox"/> Other: _____			
THIS PART FOR OFFICE USE ONLY							
Documents Submitted				Date Received: _____			
<input type="checkbox"/> Recommendations <input type="checkbox"/> Belizean Birth Certificate <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Social Security <input type="checkbox"/> Transcript <input type="checkbox"/> Application Fee							

Please answer the following questions as accurately as possible if you are a transfer student:		
Have you been suspended from school before? Please indicate reason/no. of days if applicable.		
Name all high schools you have attended and reasons for leaving.		
1.	1.	
2.	2.	
3.	3.	
Why are you leaving the high school you are currently attending? Please indicate if for academic or behavioral reasons.		
Please describe your current family home situation- parents, siblings, or other members the school should know about.		
Have any agencies been involved in any way with your family? (Ex. Dept. of Human Services, Police)		
Why did you decide to apply to Bishop Martin High School?		
Is there any other information you would like to share? Feel free to attach a sheet of paper if necessary.		
Dear Parents or Guardians: Thank you for your interest in Bishop Martin High School. Bishop Martin High School is a Roman Catholic Diocesan High School established in 2002 serving the Belizean public. These are ESTIMATED costs for First Form 2023-24. They are subject to change.		
Activity Fee	\$600.00/year	Payable at beginning of school year
Summer School	\$100.00	Mandatory for all new entrants
Orientation Package	\$88.00	Includes PE T-Shirt, shorts, badge and tie (female)
These are the ESTIMATED costs for Transfer Students. They are subject to change.		
Tuition	\$500.00/year	Paid by GOB unless child repeats
School Fees	\$600.00/year	These are to be paid at registration
Summer School	\$100.00	Mandatory for all new entrants
Orientation Package	\$88.00	Includes PE T-Shirt, shorts, badge and tie (female)
Agreement of Parent (s) / Guardian (s)		
I have read the information on this form. If my child is accepted at Bishop Martin High School, I shall:		
1. Pay or arrange for payment of all fees as determined by Bishop Martin High School.		
2. Become familiar with the rules and policies of the school and cooperate with the school in enforcing them.		
3. Participate in the school’s activities by attending school functions and supporting school activities.		
4. Ensure that my child spends at least two hours daily on home study/assignments/homework.		
Name of Parent/Guardian (PRINT):		
Signature of Parent/Guardian:		
Date:		

Application Status	
Accepted	<input type="checkbox"/> YES <input type="checkbox"/> NO
Waiting List	<input type="checkbox"/> YES <input type="checkbox"/> NO



BISHOP MARTIN HIGH SCHOOL

Recommendation Form

To be filled by Principal and Std. 6 teacher (any subject teacher) or for transfer students, any other teacher

NAME OF APPLICANT:	
NAME OF SCHOOL:	
NAME OF RECOMMENDER:	
I AM THIS APPLICANT’S: Principal <input type="checkbox"/> Std. VI Teacher <input type="checkbox"/> Other <input type="checkbox"/> (_____)	

Dear Recommender:

Thank you for helping us with our admission process. Please complete this form and return it directly to BishopMartin High School in a **SEALED ENVELOPE by April 21, 2023 (Freshman students) and July 7, 2023 (Transfer students)**. (If several recommendations come from the same school, they may be sent together in one sealed package). This information will be used in our selection process and is confidential. We encourage you to be honest.

Academic Skills	Excellent	Very Good	Good	Fair	Poor
Listens to and follows directions					
Pays attention and participates in class					
Demonstrates ability to work independently					
Perseveres in spite of difficulty					
Completes work in a timely manner					

Communication Skills	Excellent	Very Good	Good	Fair	Poor
Expression- oral skills					
Expression- writing skills					
Problem solving skills					
Imagination and creativity					

Social Skills	Excellent	Very Good	Good	Fair	Poor
Respect for peers					
Responsibility for actions					
Self-control					
Responsibility for belongings					
Cooperation with others and school					
Emotional maturity					
Pride in appearance					

Parent/ Guardian Support	Excellent	Very Good	Good	Fair	Poor
Parent/ guardian meets financial obligations.					
Parent/ guardian attends school / class meetings.					
Parent/ guardian supports and complies with school policies and procedures.					

☐ I recommend this applicant with enthusiasm ☐ I DO NOT recommend this applicant

☐ I recommend this applicant with Summer School in ☐ Math and/or ☐ English

Number of Accumulated Demerits _____ (For transfer students)

Has the student been sanctioned for any violations? If so, please describe:

If there are any other things you think we should know, please note them overleaf.

Signature: _____



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