



Maud Williams High School

Corner Dolphin & Racoon Streets
Belize City, Belize
Phone: 501-227-6717
E-mail: mwhseducate@gmail.com



SECTION I: PERSONAL DATA

(The school must be informed if there is any change of personal information as soon as possible.)

1. Name: _____
Last First Middle

2. Home Address: _____
Street City/Town District

3. Telephone #: _____ 4. Email: _____

5. Sex: Male / Female 6. Date of Birth: _____ / _____ / _____
Day Month Year 7. Age: _____

8. Country of Birth: _____ 9. Nationality: _____

10. Residence Permit No.: _____ 11. Religion: _____

12. Father / Stepfather/Guardian's Name: _____ Alive ___ Deceased ___

13. Home Address: _____
Street City/Town

14. Father / Stepfather/Guardian's Occupation: _____ Cell #: _____

15. Place of Employment/Business Owned: _____ Work #: _____

16. Mother/Stepmother/Guardian's Name: _____ Alive ___ Deceased ___

17. Home Address: _____
Street City/Town

18. Mother/Stepmother/Guardian's Occupation: _____ Cell #: _____

19. Place of Employment/Business Owned: _____ Work #: _____

20. Person Responsible for fees: _____ Telephone #: _____

21. Person to contact in case of an emergency (1) _____ Phone # _____

(2) _____ Phone # _____

(3) _____ Phone # _____

SECTION II: SCHOOL INFORMATION – ENROLLMENT STATUS

1. This application is for enrollment as: 1st time in High School Transfer student

2. Open EMIS Number(BEMIS): _____

3. Primary School attended: _____ Last class completed: _____ Year: _____

4 Year graduated from Primary School: _____

5 . Secondary School attended (for Transfers only): _____

Last Form: _____ Area of Study: _____

SECTION III: MEDICAL AND OTHER INFORMATION

1. State any medical conditions that apply to this student:

2. Is the student allergic to any kind of medication, list below:

3. Is there any medical condition that prevents the child from participating in Physical Education practical classes. (Submit medical proof) _____

4. Is this student in need of Special Education Services? _____

Please explain:

SECTION IV: PARENTAL SUPPORT

Please indicate any skills or areas in which you the parent will be able to assist the school:-

Electrical Plumbing Carpentry Cooking Music / Band

Other: _____

SECTION VI: AGREEMENT

As a student of Maud Williams High School, I agree to:

- Abide by the policies and rules of the school
- Take responsibility of my actions
- Respect self, others and school property.

Applicant's Signature

Date

I pledge to provide support for my child by:

- Ensuring that my child has his own electronic device (tablet, laptop, desktop) and in good working condition
- Make a deposit of \$50.00 to secure a space at the school
- Attend Parent Meetings, Parenting Workshops and cooperate with school functions
- Monitor my child's social and academic performance
- Address in a prompt and respectful manner any issues pertaining to my child.

Parent's/Guardia's Signature

Date

FOR OFFICIAL USE

1. APPLICATION STATUS: Accepted Not Accepted

2. ENTRANCE STATUS: Prep. 1st Form 2nd Form 3rd Form

3. CONTRACT SIGNED: Probation Academic Behavior Both All

4. DATE ADMITTED: _____

5. DATE LEFT: _____

FORM: _____

7. EXIT STATUS: Transferred Graduated Expelled Withdrew