



Sacred Heart Junior College  
P.O. Box 163 • Joseph Andrews Drive • San Ignacio, Cayo • Belize, Central America  
Ph: (501) 824-2102 • Fax: (501) 824-3759 • Email: admissions@shc.edu.bz

## Application for Admission

**Welcome to Sacred Heart Junior College.** Please take your time and carefully complete your Application form. Please be mindful of our application deadlines listed. Kindly use the checklist below to guide you. If you have any questions please do not hesitate to contact

The Application Process:

### Application Requirement Checklist

**Application Fee:** Kindly pay a non-refundable fee to \$20.00 to the accounts department. Please note that an additional fee of \$20.00 will be charged for late applications.

**Transcripts:** Kindly provide **one (1)** official transcript from your secondary studies and/or post-secondary studies where applicable. You must show evidence of all four year of study in high school. Unofficial transcripts may be submitted for placement purposes, however admissions will only be granted when official transcripts are provided.

**Official Document:** Please provide a **certified copy** of your passport or any other document that shows proof of citizenship( birth certificate, social security card or Nationality Certificate ).

**Diploma and Certificates:** Please submit a certified copy of your high school diploma. Also, certified copies of other certificates of completion from other academic courses you might have taken. This includes standardized test scores such as ATLIB or CXC.

**Recommendation:** Submit **two (2)** recommendations. Recommendations must be done on the forms attached. Ask a teacher, principal or present employer.

Application Deadlines:

Fall Admission (Semester 1): Last Friday in April.

Spring Admission (Semester 2): Last Friday in October

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*Transfer students kindly submit an official transcript from each tertiary level institution attended.*

*Transient Students kindly submit an official letter from the Dean or Registrar of the institution which you are currently enrolled at.*

**General Instruction:** Please provide the information requested in print, and return completed application to the Registrar's Office.

<b>Section A – Personal Information</b>			<b>FOR OFFICIAL USE</b>
First Name	Middle Name		<b>Application Promo Code:</b> _____ Receipt #/DD/MM/YRRR _____
Last Name	Date of Birth(DD/MM/YRR)		Completed Application Form
Social Security Number	Gender ◇ Female ◇ Male		◇ Yes ◇ No
Address(House number and Street Name)			Official Transcripts ◇ Yes ◇ No
Village/ Town	District		Certified HS Diploma ◇ Yes ◇ No
Mailing Address ( If different from above)	Home Phone Number		Two Recommendations ◇ Yes ◇ No
Mobile Phone Number	E-mail address		Certified Document
Marital Status:	Religion Please Specify:		◇ Social Security # _____ ◇ Birth Certificate
<b>Status in Belize:</b> Please Tick One Belizean National ◇ Resident ◇ Other ◇ Please Specify:			◇ Passport # _____
<b>If Foreign National</b>	Country of Residency/Citizenship		<b>Accepted:</b> _____
Country	State/Province		<b>Placement</b>
<b>If Employed</b>	Place of Employment		<b>Math:</b> _____
Job Title	Work Phone Number		<b>English:</b> _____
Employment Status: Please Tick One Full Time ◇ Part Time ◇ Self Employed ◇			<b>Spanish:</b> _____
<b>Education Sponsor</b> ◇ Self ◇ Parents ◇ GOB ◇ Other Please Specify other: _____			<b>Program:</b> _____
			<b>Student ID:</b> _____
			Date Entered in Database/by: _____ (DD/MM/YRR)

**Section B – Health Concerns** Please specify any chronic ailment that you suffer from or special needs that SHJC may need to be aware of.

**Section C – Emergency Contact**

Full Name of Person		Relationship with Person	
Address(Street Name)		Village/Town	District
State/Province (If address outside of Belize)		Postal/Zip Code (If address outside of Belize)	Country (If address outside of Belize)
Home Phone Number	Mobile Phone Number	Work Phone Number	E – Mail Address

**Section D – Academic Information**

I took the ATLIB Examination:  Yes  No Year: \_\_\_\_\_

**Kindly note that if you did NOT take the ATLIB Exam you will be required to sit SHJC’s Placement Test (dates will be provided in the provisional acceptance letter). A fee of \$40.00BZ is charged to sit the Exam. ATLIB Exams are valid for 5 years.**

**List in chronological Order, all secondary and tertiary level institutions you have attended.**

Name of Institution	Date Started	Date Completed	Certification/Diploma	Overall G.P.A./ Average

**Section E – Program Options**

Please indicate whether you will be attending Sacred Heart Junior College as a:

- Full Time requires a minimum of four and a maximum of 6 courses.
- Part Time requires a minimum of one and a maximum or three courses.

Please indicate your choice of Academic Program by placing 1 for first choice, 2 for second choice, and 3 for your third choice

- |   |                         |                              |
|---|-------------------------|------------------------------|
| ___ Biology                             | ___ Computer Technician | ___ Liberal Arts             |
| ___ Network Administration and Hardware | ___ Business            | ___ English Literature       |
| ___ General Studies                     | ___ Primary Education   | ___ Eco- Tourism Development |
| ___ Natural Resource Management         | ___ Accounting          | ___ Bio-Chemistry            |
| ___ Tourism Management                  |                         |                              |

**Note:** Acceptance to a program is verified after a review of your ATLIB Examination or SHJC Placement Tests.

## Section F – Certification

I hereby certify that all the information that I have provided is true and accurate to the best of my knowledge. I understand that the processing of this application may be delayed until all necessary documentation is provided. I also understand that any deliberate falsification of official document (s) or omission of any relevant information may result in denial of admission or dismissal.

If I am admitted to SHJC, I agree to abide by all the college's policies and regulations.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If student is a minor,

Parent's/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section G – Information Release Agreement

To be completed by applicants who are minors (under the age of 18) or adult students who are dependent on their parents or guardians.

### **Policy on Disclosure**

The college will not release personal information contained in a student's permanent records except if the student has provided written consent. The College reserves the right to disclose certain "personally identifiable" information from a student's permanent record without the student's consent. Such information is outlined as the student's name and address, date and place of birth; program major; participation in extra curricular activities sponsored by the College; dates of attendance; degrees, awards and certificates; and the most recent previous educational institution attended.

I, \_\_\_\_\_, hereby *authorize / do not authorize* Sacred Heart Junior College to release information regarding my grades, disciplinary record to my parents / guardians / spouse. Upon signing this release form, I understand that my granting this authorization will enable the College to disclose private information about my grades, class attendance, enrollment status and disciplinary record.

Name of Parent/ Legal Guardian / Spouse \_\_\_\_\_ Relationship \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Sacred Heart Junior College may be obligated to release grades for students on scholarship or bursaries to the agencies providing the sponsorship and as such, the college will not be liable to any such confidentiality clause presented in the release form above (as it pertains to students on scholarships). Any grade reports for students on scholarship or bursaries will be released ONLY to the agency granting the scholarship, bursary or award.**

## RECOMMENDATION

General Instructions: The Applicant should complete Section I of the Form and Section II should be completed by their **Principal, Teacher, or Present Employer**. Please attach to application when submitted.

### SECTION I (Please Print or Type)

Applicant's Name: \_\_\_\_\_

Current High School: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Name of Referee: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

### SECTION II Please comment on the following items with reference to the applicant. (A recommendation letter may replace this Section).

Academic Ability/Skills/Aptitude (comment briefly in paragraph form).

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

Personal Character (comment briefly in paragraph form)

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

Is the academic record of the student an accurate indication of the applicant's ability? Yes  No

If you said "No", please describe the circumstances.

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

Based on my knowledge of the applicant's ability and personal character, I recommend the applicant:

\_\_\_\_\_ Enthusiastically                      \_\_\_\_\_ Strongly                      \_\_\_\_\_ Without Enthusiasm

Signature of Referee: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

## RECOMMENDATION

General Instructions: The Applicant should complete Section I of the Form and Section II should be completed by their **Principal, Teacher, or Present Employer**. Please attach to application when submitted.

### SECTION I (Please Print or Type)

Applicant's Name: \_\_\_\_\_

Current High School: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Name of Referee: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**SECTION II** Please comment on the following items with reference to the applicant. (A recommendation letter may replace this Section).

Academic Ability/Skills/Aptitude (comment briefly in paragraph form).

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

Personal Character (comment briefly in paragraph form)

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

Is the academic record of the student an accurate indication of the applicant's ability? Yes  No

If you said "No", please describe the circumstances.

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

Based on my knowledge of the applicant's ability and personal character, I recommend the applicant:

\_\_\_\_\_ Enthusiastically                      \_\_\_\_\_ Strongly                      \_\_\_\_\_ Without Enthusiasm

Signature of Referee: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

## INSURANCE INFORMATION

### Benefit Schedule - BRONZE

#### SUMMARY OF THE POLICY BENEFITS

Accidental injury (as defined herein) resulting in:

- Accidental Death (as defined herein);
- Total and Permanent Loss of use of limbs (as defined herein);
- Medical Expenses Reimbursement

#### Death Benefits (Both Students and Teachers)

When bodily injury occasions the death of the Life Insured within 180 days from the date of the accident while this in force and as a direct and sole result of the bodily injury, the Company shall pay the benefit amount stated below amount payable is as follows:

BZD 3,000

Aggregate Limit ( Maximum payable from any major accident involving more than on Insured) is BZD 30,000.

#### Dismemberment Benefits

When bodily injury directly attributed to an accident does not result in loss of life of the Insured within 90 days from occurrence of the Accident but does result in any of the following losses within 90 days from the Accident, the Company will pay for such total and permanent loss as follows:

#### Revised Dismemberment Benefits

Nature of Loss Benefit Payable

Loss of both hands or feet BZD 6,000

Sight of both eyes BZD 6,000

One hand and one foot BZD 6,000

One hand and sight of one eye BZD 6,000

One foot and sight of one eye BZD 6,000

Loss of one hand or one foot BZD 2,000

Sight of one eye BZD 2,000

Loss of 4 fingers BZD 1,000

#### Medical Expenses Reimbursement Benefits:

(1.) Accidental Medical Expenses:

- Eligible medical benefits incurred by an insured for bodily injuries sustained as a result of an accident

Medical Expenses not related to the accident will not be paid.

(2.) Accidental Dental Expenses:

- Eligible dental expenses incurred by an Insured due to an accident for repair or treatment, including Dental sound natural teeth by a legally qualified dentist

Maximum for local treatment for benefits (1) and /or (2) is BZD 2,000 per year per insured.

Maximum for overseas treatment for benefits (1) and/or (2) is BZD 4,000 per year per insured.

PREMIUM: PER STUDENT (Primary and Secondary) - \$13.00, (Tertiary) - \$26.00

PREMIUM: PER PARENT/TEACHER - \$26.00



# SACRED HEART COLLEGE

Excellence, Innovation, Productivity

## OFFICE OF THE REGISTRAR

EMAIL the REGISTRAR: [laura@shjc.edu.bz](mailto:laura@shjc.edu.bz), [melissa@shc.edu.bz](mailto:melissa@shc.edu.bz)  
Or visit Our Website: <http://www.shc.edu.bz>

## INSURANCE FORM

Instructions: Please provide the information requested in print.

### STUDENT INSURANCE INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ NAME OF PROGRAM: \_\_\_\_\_

TODAY'S DATE (DD/MM/YRR): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ VILLAGE/TOWN: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

STUDENT CONTACT INFO: PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

### INSURANCE BENEFICIARY INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT:

MOTHER     FATHER     GUARDIAN     OTHER(*Please state*): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ VILLAGE/TOWN: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

BENEFICIARY CONTACT INFO: PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_