

OCEAN ACADEMY



HIGH SCHOOL

Caye Caulker

Preserving our Heritage, Creating our Future

APPLICATION FORM 2015-2016

Submit this application with the following:

- Transcripts from Standard IV, Standard V and Standard VI
- Copy of Social Security Card
- Copy of Birth Certificate, Passport or Permanent Resident Card
- Recommendation Form - Principal of your primary school
- Recommendation Form - Teacher, Standard VI
- \$25.00 Application Fee submitted by the deadline: Thursday April 23rd, 2015
- \$25.00 Late Fee (plus \$25.00 Application Fee), if submitted after the deadline.

Application Deadline: Thursday April 23rd, 2015

APPLICANT INFORMATION

| First Name | Middle Name | Last Name (Family Name) |
|---|----------------------------|-------------------------|
| | | |
| Gender | Date of Birth | Social Security Number |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Month: Day: Year: | |
| Nationality | Language(s) spoken at home | Ethnicity & Religion |
| | | |
| Home Address (Street or description of location) | Personal cell phone | Email |
| | | |

INFORMATION ABOUT LAST SCHOOL ATTENDED

| School Name & District | Name of Standard VI teacher | P.S.E. results/grades |
|------------------------|-----------------------------|-----------------------|
| | | |

Why do you want to attend Ocean Academy?

CHECK THE BOX TO INDICATE YOUR INTEREST

| Financial Aid | Social Enterprises (Earn school fees; learn skills) | Leadership |
|---|--|---|
| <input type="checkbox"/> Scholarships for Academic Excellence <input type="checkbox"/> Scholarships for Good Conduct/Effort <input type="checkbox"/> Work-Study Positions on Campus <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> Kayak with Purpose <input type="checkbox"/> Bike with Purpose <input type="checkbox"/> Fish with Purpose <input type="checkbox"/> Culinary Herb Sales/Gardening <input type="checkbox"/> Culture Lessons (Belizean dances & languages) <input type="checkbox"/> Family dinner in your home with international visitors | <input type="checkbox"/> Student Government <input type="checkbox"/> Interact Volunteer Club <input type="checkbox"/> Youth Council for the Cayes <input type="checkbox"/> Girls & Technology (Female Leadership Club - FLC) |

| Mother's Name | Father's Name |
|--|--|
| | |
| Address (street, or description of location) | Address (street, or description of location) |
| | |
| Occupation and Work Place | Occupation and Work Place |
| | |
| Contact Information | Contact Information |
| Home phone: | Home phone: |
| Cell phone: | Cell phone: |
| Work phone: | Work phone: |
| Email: | Email: |

| With whom does the applicant live? | Who is responsible for paying for the applicant's school fees, books and uniform? |
|---|--|
| <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (if selected, fill out next section) | <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (explain) |

| Guardian's Name | Guardian's Relationship to Applicant |
|---|--------------------------------------|
| | |
| Address | Occupation and Work Place |
| | |
| Contact Information | Any other relevant information? |
| Home phone: Cell phone: Work phone: Email: | |

| Legal: Are there any legal issues (ex. custody case) regarding the applicant that Ocean Academy needs to be aware of? If so, please explain. |
|---|
| |

| Medical: Are there any medical issues regarding the applicant that Ocean Academy needs to be aware of (ex. allergies, medications (short or long term), chronic illness etc.) ? If so, please explain and provide instructions if your child requires special care. |
|--|
| |

| Why did you choose to enroll your child/ward at Ocean Academy? |
|--|
| |

Student Agreement

If I am accepted as a student at Ocean Academy, I will read and abide by the Student Rulebook, and attend Orientation sessions.

I will strive to do my best academic work, seek tutoring help as needed, and continue to develop my character and personal goals for success.

I understand that if I do not abide by the disciplinary rules or do not meet the academic standards required by Ocean Academy, that I may face disciplinary consequences or be asked to withdraw from this institution.

| Signature | Date |
|-----------|------|
| | |

Parent/Guardian Agreement

I will ensure that my child has a daily home study routine. I will be a part of the school's activities by attending school functions as much as possible and communicating proactively with my child's teachers.

I understand that school fees are due on the first of each month.

I will inform the school immediately if any of the above information changes (contact numbers, medical etc.)

| Signature | Date |
|-----------|------|
| | |

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RECOMMENDATION FORM - PRINCIPAL

| Applicant's First Name | Middle Name | Last Name (Family Name) |
|------------------------|-------------|-------------------------|
| | | |

Please fill out this recommendation form for the applicant, named above, who is seeking admission to Ocean Academy. Seal completed recommendation form in an envelope, sign the back flap and return to applicant or deliver directly to Principal Hilda Marin, Ocean Academy. Thank you for your honesty and professional judgment in preparing this assessment.

| Area of Assessment | Exceptional | Outstanding | Very Good | Good | Average | Below Average | No basis for judgment |
|------------------------------------|-------------|-------------|-----------|------|---------|---------------|-----------------------|
| Academic ability | | | | | | | |
| Moral character | | | | | | | |
| Consistency of work | | | | | | | |
| Attitude toward school authority | | | | | | | |
| Ability to get along with others | | | | | | | |
| Responsibility | | | | | | | |
| Creativity | | | | | | | |
| Participation in school activities | | | | | | | |
| Leadership abilities | | | | | | | |
| Oral communication skills | | | | | | | |
| Written communication skills | | | | | | | |

Based on the behaviour and academic ability of this applicant, my recommendation is as follows:

- | | | |
|---|--|---|
| <input type="checkbox"/> Recommend enthusiastically | <input type="checkbox"/> Recommend | <input type="checkbox"/> Do not recommend |
| <input type="checkbox"/> Recommend strongly | <input type="checkbox"/> Recommend with reservations | |

Additional Comments

Principal Signature:

Date:

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RECOMMENDATION FORM - TEACHER

| Applicant's First Name | Middle Name | Last Name (Family Name) |
|------------------------|-------------|-------------------------|
| | | |

Please fill out this recommendation form for the applicant, named above, who is seeking admission to Ocean Academy. Seal completed recommendation form in an envelope, sign the back flap and return to applicant or deliver directly to Principal Hilda Marin, Ocean Academy. Thank you for your honesty and professional judgment in preparing this assessment.

| Area of Assessment | Exceptional | Outstanding | Very Good | Good | Average | Below Average | No basis for judgment |
|------------------------------------|-------------|-------------|-----------|------|---------|---------------|-----------------------|
| Academic ability | | | | | | | |
| Moral character | | | | | | | |
| Consistency of work | | | | | | | |
| Attitude toward school authority | | | | | | | |
| Ability to get along with others | | | | | | | |
| Responsibility | | | | | | | |
| Creativity | | | | | | | |
| Participation in school activities | | | | | | | |
| Leadership abilities | | | | | | | |
| Oral communication skills | | | | | | | |
| Written communication skills | | | | | | | |

Based on the behaviour and academic ability of this applicant, my recommendation is as follows:

- | | | |
|---|--|---|
| <input type="checkbox"/> Recommend enthusiastically | <input type="checkbox"/> Recommend | <input type="checkbox"/> Do not recommend |
| <input type="checkbox"/> Recommend strongly | <input type="checkbox"/> Recommend with reservations | |

Additional Comments

Teacher Signature:

Date: