



GEORGETOWN TECHNICAL HIGH SCHOOL

29 Miles Southern Highway
Stann Creek District, Belize C.A.

P.O.Box 235 Tel: 678-9806/ 543-3029

E-mail: gthsscd@yahoo.com / secretary@gttech.edu.bz

Website: www.gttech.edu.bz



TRANSFEE APPLICATION FORM 2016-2017

The following are requirements that **MUST** be submitted before the application is processed.

Copy of:

<input type="checkbox"/> Birth Paper/ Residency	<input type="checkbox"/> Social Security/ Passport	<input type="checkbox"/> Report Card	<input type="checkbox"/> Official Transcript	<input type="checkbox"/> Recommendation Letter from principal or VP
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If accepted your child will need to pay the following:

Application Fee(solicitud)	\$ 10.00 (NON- REFUNDABLE)
Registration Fee(Cuota de inscripción)	\$ 250.00
Summer Program/Orientation Fee(Orientación)	\$ 50.00
Total	\$ 310.00

SECTION A: TO BE COMPLETED BY THE APPLICANT

Name of applicant _____
Surname First Name Middle

Gender: Male Female Social Security #: _____

Address: _____

Telephone/Cell Number (Numero deTelefonó/Celular): _____ / _____ / _____

Ethnicity: _____ Nationality: _____

Date of Birth:

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Place of Birth: _____

DD(día) MM(més) YY(año)

PSE Grade: _____ Year PSE was taken: _____

Primary School Last Attended: _____ Year _____ Address: _____

Last Secondary School attended: _____ Year _____

Secondary School Address: _____

Mother's Name: _____ / _____ / _____
Surname (Apellido) First Name (Primer Nombre) Surname before Marriage (Apellido de Soltera)

Father's Name: _____ / _____
Surname (Apellido) First Name (Primer Nombre)

Guardian's Name: _____ / _____
Surname (Apellido) First Name (Primer Nombre)

Does your child have any Medical Problems? Yes _____ No _____

Details of the problem(s) _____

I declare that the information given in this application is to the best of my knowledge true and correct.

I am aware that this application does not necessarily ensure that I am accepted at G.T.H.S.

(Signature of Applicant)

(Signature of Parent/Guardian)

Date: _____

Date: _____

SECTION B: TO BE COMPLETED BY THE PRINCIPAL OR VICE PRINCIPAL ONLY

With reference to your school's record of the overall performance in class, give an estimate of this candidate's rank in the group (i.e. 1st, 2nd, 3rd...). _____

Using the Scale below, indicate your rating of the applicant in the following areas:

5-Outstanding 4- Very Good 3- Average 2-Poor 1- Very Poor

	5	4	3	2	1
1.Academic Ability					
2.Attendance					
3.Attitude towards Authority					
4.Ability to get along with others					
5.Personal Character					
6.Responsibility					
7.Participation					
8.Punctuality					
9.Potential to perform at a higher level					

OTHER: Please state other reasons for the transfer of this student.

In the light of the above, I

a) Recommend enthusiastically	
b) Recommend strongly	
c) Recommend	
d) Recommend without enthusiasm	
e.) Do not recommend	

I certify that the information given above is true and correct.

Principal/ Vice Principal



Date: _____

SECTION C: TO BE COMPLETED BY PARENTS/GUARDIANS

The institution, in no way, adheres to the notion that the responsibility of educating students rests solely on the shoulders of the teachers. A great deal of the responsibility has to be taken up by parents. Parents play a pivotal part in the education process and should therefore assist in

- Completion of assignments
- Ensure adequate wearing of the school uniform
- Comply with school rules
- Assist in appropriate students' behavior
- Collect reports on a timely basis
- Meet timely payment of school fees
- Fulfill nutritional requirements and
- Communicate freely with administration
- Ensuring that child adhere to student's contract.

I agree to comply with the above mentioned responsibilities with the best of my ability to ensure the holistic development of my child.

Date: _____

Parent/Guardian

SECTION D: TO BE COMPLETED BY GTHS SCHOOL OFFICIALS ONLY.

Secretary/Bursar	FOR OFFICE USE ONLY			
	Date Received:			Signature
	D	M	Y	