



Mailing Address:
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Application for Admission

Please complete the entire form and return it with the non-refundable \$50 application fee to the School Office.

Please check the appropriate box: ELP Elementary (K-5) Middle School (6-8) High School (9-12)

Application for Grade: Application Date: (MM/DD/YYYY)

NAME OF APPLICANT: FIRST MIDDLE LAST

Date of Birth: (MM/DD/YYYY) Male Female

Place of Birth: (FOR STATISTICAL PURPOSES ONLY) Bermudian Non Bermudian

Address: HOUSE # AND STREET PARISH POSTAL CODE

MOTHER/GUARDIAN:

Name: FIRST LAST MAIDEN NAME (IF APPLICABLE)

Place of Birth: Religion:

Occupation: Name of Employer:

Work phone: Cell:

Email:

FATHER/GUARDIAN:

Name: FIRST LAST

Place of Birth: Religion:

Occupation: Name of Employer:

Work phone: Cell:

Email:

SIBLINGS:

Table with 3 columns: Sibling's Name (s), Age, Present School

## CHILD'S CURRENT INFORMATION:

At Mount Saint Agnes Academy we have a deep commitment to provide quality education to all students accepted. Our fundamental goal is to help each student reach his or her full potential. In order to do so, it is vital to fully understand and maintain a feasible balance of students' strengths and needs within each grade level based on our resources.

Therefore, during the application process parents are asked to provide a wide range of information about their child. We need to get to know their strengths, interests, and schooling experiences to date. We also require full disclosure of all relevant information pertaining to the applicant's physical, behavioral, and emotional state which may impact his/her learning experience. Any psycho-educational assessments, diagnoses of learning difficulties and/or related documentation are required be provided along with the student's application.

Name of present school/nursery: \_\_\_\_\_

School address: \_\_\_\_\_

Head of School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Has your child's present school expressed any concerns or made recommendations for testing/support services? Yes/no

Has your child had any cognitive or behavioral assessments? Yes  No

Has your child ever received any of the following services?

Speech and Language  Learning Support/Tutoring  Occupation Therapy  Counseling/behavioral support

We agree to have my child present/previous schools release any information that may be required to support this application and authorize Mount Saint Agnes Administration to contact them to verify good standing.

We agree to provide any relevant documents, reports or relevant information concerning my child's school experience to date, including psycho-educational assessments, diagnosis or other learning or behavioral related issues.

Parent Signature: \_\_\_\_\_

## APPLICANT'S MEDICAL INFORMATION:

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

## RELIGIOUS INFORMATION:

Applicant's Religion: \_\_\_\_\_

Current Church Attended: \_\_\_\_\_ Pastor: \_\_\_\_\_

**Baptism:**

Church and Location: \_\_\_\_\_ Date: \_\_\_\_\_

(MM/DD/YYYY)

**First Holy Communion:**

Church and Location: \_\_\_\_\_ Date: \_\_\_\_\_

(MM/DD/YYYY)

**Confirmation:**

Church and Location: \_\_\_\_\_ Date: \_\_\_\_\_

(MM/DD/YYYY)

If you are a non-Catholic, will you accept the school's policy regarding Religion? Yes  No

**SPIRITUALITY AND ADHERENCE TO THE CATHOLIC CHURCH**

Mount Saint Agnes Academy is a part of the Catholic Diocese of Bermuda and serves as a very visible part of the work of the Catholic Church in our country. All students, both Catholic and non-Catholic, must respect and show courtesy for the work of the Diocese through the ministry of the school, through:

Full participation of all in the prayer and the spiritual life of the school, including liturgies and Religion classes.  
Respect and encouragement for all teachers and students who practice their faith and religion.

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**ALUMNI INFORMATION:**

Did either parent attend Mount Saint Agnes Academy? If so, please provide attendance dates. If you would like your child to be assigned to the House that you were a member of, please indicate your former House Color.

Mother: From \_\_\_\_\_ to \_\_\_\_\_ House Color: \_\_\_\_\_

Father: From \_\_\_\_\_ to \_\_\_\_\_ House Color: \_\_\_\_\_

Please indicate if you are currently a member of the following Mount Saint Agnes Academy associations:

Alumni Association: Yes  No

Have you assisted with the Bazaar? Yes  No

Home & School Association: Yes  No

Would you like more information on how you can be a part of these associations? Yes  No

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**FINANCIAL INFORMATION:**

Are you able and willing to financially support and fund the applicant's education at Mount Saint Agnes Academy? Yes  No

Person responsible for tuition:

Mother  Father  Guardian  Other  \_\_\_\_\_

I acknowledge and agree that Mount Saint Agnes Academy may, at any time, conduct credit checks in relation to my credit history and credit rating in order to ascertain my ability and/or willingness to financially support and fund the applicant's education at Mount Saint Agnes Academy.

I agree that my child's present and/or previous school may release any academic and financial information which may be required to support his/her application for admission to Mount Saint Agnes Academy.

Signature of Mother/Guardian \_\_\_\_\_ Signature of Father/Guardian \_\_\_\_\_

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**REQUIRED DOCUMENTATION:**

- A copy of the applicant's birth certificate
- A copy of the applicant's academic records from his/her current school, including pre-school for Kindergarten applicants
- A copy of the applicant's Immigration Re-Entry document for Work Permit Holders

**FOR OFFICE USE ONLY**

Name \_\_\_\_\_ Processing Fee: \$50 Cash  Cheque

Received By \_\_\_\_\_ Date \_\_\_\_\_

Grade Entering \_\_\_\_\_ Year Entering \_\_\_\_\_