

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: _____ Male ☐ Female ☐
(MM/DD/YYYY)

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

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:

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 to 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. Yes ☐ No ☐

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. Yes ☐ No ☐

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.

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 ☐

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 _____

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 _____

Received By _____

Grade Entering _____

\$50 Processing Fee: Cash ☐ Bank Transfer ☐

Date _____

Year Entering _____