



MOUNT SAINT AGNES ACADEMY

Mailing Address:

P.O. Box HM 1004
Hamilton HM DX
Bermuda

Street Address:

19 Dundonald Street, West
Hamilton HM 09
Bermuda

Tel: 441-292-4134

Fax: 441-295-7265

Email: msaoffice@msa.bm

www.msa.bm

Online Banking Details:

BNTB: 20 006 060 001599 100 | HSBC: 010 726818 001 | Reference: Applicant's Name

Elementary Scholarship Application

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

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 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.

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 _____

PLEASE COMPLETE THE FOLLOWING WITH RELEVANT INFORMATION:

Describe your child's behavior in the classroom and around peers: _____

Please provide the name and contact information for someone who can act as a reference for your child:

Name: _____

FIRST

LAST

Contact: _____

In what ways has your child been involved in community service or extracurricular activities? _____

How do you as parents foster a sense of collaboration and partnership between home and school? _____

Why do you wish for your child to attend MSA? _____

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 _____