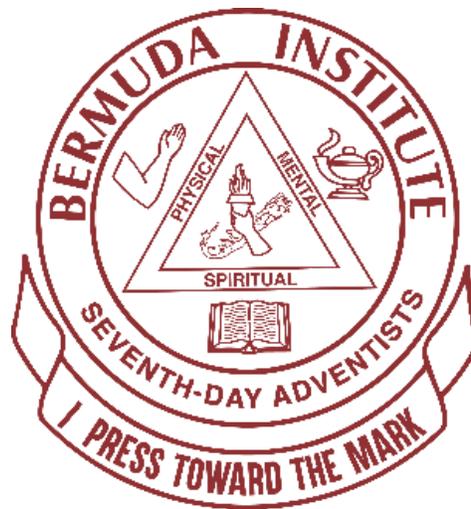


Bermuda Institute Application Form



**"Building Lives for
Eternity"**

Information - P1

Admission Information
<p>All prospective students MUST submit an application. When pages are completed, submit to the school office or email to: apply@bermudainstitute.bm</p>
<p>THE ADMISSIONS COMMITTEE WILL PROCESS COMPLETED APPLICATIONS WHEN ALL CHECKLIST ITEMS HAVE BEEN RECEIVED.</p>
Checklist
<ul style="list-style-type: none"> <input type="checkbox"/> Application form with the required \$100 application fee, which is non-refundable, non-transferable, and non-deferrable. <i>(Optional Debit or credit card payment by phone, School office – 441-238-1566)</i> <input type="checkbox"/> Medical Form <i>(attached)</i> completed and signed by the applicant's Doctor or the Clinic. Show proof of immunization or an exemption note from a governmental health authority. <input type="checkbox"/> Copy of certified birth certificate or passport <i>(passport-copies of picture page and statement of Bermuda status page)</i> OR If non-Bermudian, documentation from the Bermuda Department of Immigration confirming that your applicant is a bona fide resident of Bermuda. <input type="checkbox"/> Official copies of report cards/grades for the last two years*. <input type="checkbox"/> A character reference letter describing his/her class performance and/or behavior as applicable, from: <ul style="list-style-type: none"> <input type="checkbox"/> Current Teacher <input type="checkbox"/> Coach
<p>*Parents are responsible for having the present (or previous) school forward the applicant's transcript to Bermuda Institute.</p>
<p>It is the policy of the Seventh-day Adventist Church in all its church operated schools, on all levels in the North American Division, which includes Bermuda, to admit students of any race, to all rights, privileges, programs, and activities at its schools, and to make no discrimination on the basis of race in administration of educational policies, application for admission, scholarship programs, and athletic or extra-curricular programs.</p>
<p>Bermuda Institute is patterned after the US system of education.</p>

Information		
	Bermuda Public School Classification	Bermuda Institute Equivalent
Primary:	P1	Kindergarten
	P2	Grade One
	P3	Grade Two
	P4	Grade Three
	P5	Grade Four
	P6	Grade Five
Middle School:	M1/P7	Grade Six
	M2/P8	Grade Seven
	M3	Grade Eight
Secondary:	S1	Grade Nine
	S2	Grade Ten
	S3	Grade Eleven
	S4	Grade Twelve

Admission Form - P2

Today's Date (MM/DD/YYYY)	School year applying for:

Section 1 - Full Legal Applicant Information					
Last Name		First Name		Middle Name	
Preferred Name to be called	Religion (Faith)	Date of Birth MM/DD/YYYY	Age (3+)*	Gender	
				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Physical Street Address					
Street		Parish/City/State	Country	Postal/Zip Code	
Mailing Address (only if different)					
Street		Parish/City/State	Country	Postal/Zip Code	
Place of Birth					
Parish/City		State (if applicable)	Country	Postal/Zip Code	
Ethnicity/Nationality		Country of Citizenship	Important Notes: (i.e. Pre-K potty-trained)		
*Pre-K applicants must turn 4 years old by December 31 st of the year they are applying for and must be potty trained.					

Section 2 - Education													
Grade presently in		Learning Support		If Yes, Learning Support Documentation				Transcripts Credits & Progress Reports					
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached <input type="checkbox"/>				Attached <input type="checkbox"/>					
Grade applying for													
Pre-K <input type="checkbox"/>	K <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Attendance													
List below the schools/pre-school/nursery the applicant is attending or has attended.													
School Information													
Name of School										Grades Completed or Presently in			
School Address													
Street			Parish/City/State				Country			Postal/Zip Code			
Name of School										Grades Completed or Presently in			
School Address													
Street			Parish/City/State				Country			Postal/Zip Code			
Do you have an unpaid school bill?		If so, how much?			Unpaid balance held by?								
Yes <input type="checkbox"/>	No <input type="checkbox"/>												
Office Use Only													
Date Received at School			Receipt Number			Account Number			Screening date				

Admission Form - P3

Applicant Name

Section 3 - Family Information					
Father/Guardian Information					
Last Name	First Name	Email Address		Religion* (Church)	
Occupation	Nationality	Home Phone	Work Phone	Cell Phone	Alumni of B.I. Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Street Address <input type="checkbox"/> Same as Applicant					
Street		Parish/City/State		Country	Postal/Zip Code
Mother/Guardian Information					
Last Name	Maiden Name	First Name	Email Address		Religion* (Church)
Occupation	Nationality	Home Phone	Work Phone	Cell Phone	Alumni of B.I. Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Street Address <input type="checkbox"/> Same as Applicant					
Street		Parish/City/State		Country	Postal/Zip Code
Stepfather/Guardian Information (if applicable)					
Last Name	First Name	Email Address		Religion* (Church)	
Occupation	Nationality	Home Phone	Work Phone	Cell Phone	Alumni of B.I. Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Street Address <input type="checkbox"/> Same as Applicant					
Street		Parish/City/State		Country	Postal/Zip Code
Stepmother/Guardian Information (if applicable)					
Last Name	Maiden Name	First Name	Email Address		Religion* (Church)
Occupation	Nationality	Home Phone	Work Phone	Cell Phone	Alumni of B.I. Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Street Address <input type="checkbox"/> Same as Applicant					
Street		Parish/City/State		Country	Postal/Zip Code

Parent's Contract -P4

Applicant Name

Section 4 – Payment Plans

If you need assistance with payment plans please contact the school's Business Manager or Accounts Manager

Yearly Plan Making a yearly payment in advance, at registration (*includes general fees*).
Discount of 5% is given on tuition only.

Semester Plan **Two payments.**
The first payment is to be made at registration and includes the general fees.
The second payment is due by January 15 of the following year.
Discount of 3% is given on tuition only.

Monthly Plan Registration payment due 15th of July, followed by nine (9) monthly payments from August to April due by the 15th of each month.

I/We, the undersigned, have carefully considered the methods of financing the educational expenses and **agree to assume the financial responsibility for the applicant as indicated.**

I/We, understand that all accounts with this student shall be paid in full before students can sit end of term exams and before diplomas, end of year report cards, or transcripts can be made available.

I/We also understand the policy that students with outstanding accounts two (2) months and over will be placed on financial suspension and will not be allowed to return to school until the account is current.

I/We further understand that if I/we withdraw my/our child from Bermuda Institute without clearing all outstanding monies owed, my/our account will be placed with the Bermuda Credit Association for collection, which will incur an additional 66.66% collection fee for me/us.

Correspondence & Monthly Statements will be sent to:

Last Name	First Name	M.I.	Phone#	Relationship to applicant

Address (if different)

Street	Parish/City/State	Country	Postal/Zip Code	Email Address

If both parents are sharing financial responsibility evenly both parents must sign this form.

Parent/Guardian Signature	Parent/Guardian Signature	Date (MM/DD/YYYY)
BI Account Number	BI Account Number	

School Health Record - P5

Section 5 – Applicant Health Information				
Last Name	First Name	Middle Initial	Date of Birth MM/DD/YYYY	Gender
				Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			Present School Attending	

Section 5A - MUST BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination		Results of physical examination normal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Abnormalities Noted:		Weight	
		Height	
		Blood Pressure	
		Pulse	
<input type="checkbox"/> Asthma	IMMUNIZATIONS		Next Immunization Due Date: (MM/DD/YYYY)
State any medication used by the applicant below.		<input type="checkbox"/> Immunization Records Attached	

Medical Conditions		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:

Preventive Health Screenings					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Covid-19			Developmental		
			Scoliosis		

<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all childcare/school activities, including physical education and competitive contact sports, unless noted above.		
Name of Health Care Provider (Print)	Signature	Date: