



P.O. Box HM 1004  
Hamilton HM DX  
Bermuda

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FAX: +1 (441) 295-7265  
EMAIL ADDRESS: msaoffice@msa.bm

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

Please check the appropriate box: Pre-Kindergarten  Elementary (K-5)  Middle/High School (6-12)

Registration for Grade: \_\_\_\_\_ Application Date: \_\_\_\_\_  
(MM/DD/YYYY)

**NAME OF APPLICANT:** \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_\_ Boy  Girl   
(MM/DD/YYYY)

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

Address: \_\_\_\_\_  
HOUSE # AND STREET PARISH POSTAL CODE

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Same as above

Mailing Address: \_\_\_\_\_  
P.O. BOX # PARISH POSTAL CODE

Emergency contact (other than parent): \_\_\_\_\_  
NAME PHONE #

**FATHER/GUARDIAN:**

Name: \_\_\_\_\_  
FIRST LAST

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## MOTHER/GUARDIAN:

Name: \_\_\_\_\_  
FIRST LAST MAIDEN NAME (IF APPLICABLE)

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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## PARENTS:

Married  Divorced  Separated  Together

Applicant lives with:

Both Parents  Mother  Father  Guardian

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## SIBLINGS:

Sibling's Name (s)	Age	Present School
_____		
_____		
_____		
_____		
_____		

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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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## OTHER INFORMATION:

How did you hear about MSA?

Family member  Friend  Newspaper  Magazine

Radio  TV  Social Media  Other

Please write down anything that would be helpful for the Principal, Assistant Principal and teachers to know about your child in order to help them at Mount Saint Agnes Academy.

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**CHILD'S CURRENT INFORMATION:**

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

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

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

**RELIGIOUS INFORMATION:**

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

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

**Baptism:**

Church and Location: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

**First Penance:**

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.

## APPLICANT'S MEDICAL INFORMATION:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

## 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 \_\_\_\_\_

Date of Application \_\_\_\_\_

(MM/DD/YYYY)

## REQUIRED DOCUMENTATION:

- A copy of the applicant's birth certificate
- MSA Recommendation Form completed by the applicant's current principal, guidance counselor or teacher (Grades 1-12)
- 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 \_\_\_\_\_