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# Bermuda Institute



## Application Form



“Building Lives for Eternity”

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# Information

## Admission Information

**All prospective students MUST submit an application.**  
**When pages are completed, submit to the school office or mail to:**

**ADMISSIONS OFFICE**  
**Bermuda Institute of S.D.A**  
**P. O. Box SN 114**  
**Southampton SN BX, Bermuda**  
**Email: [apply@bermudainstitute.bm](mailto:apply@bermudainstitute.bm)**

**THE SCHOOL'S ADMISSIONS COMMITTEE MAY NOT PROCESS  
ANY APPLICATIONS UNTIL ALL THE FOLLOWING ITEMS HAVE BEEN RECEIVED:**

## Checklist

- ☐ Application form with the required **\$50 application fee**, which is **non-refundable, non-transferable, and non-deferrable**. *(Optional Debit or credit card payment by phone, School office – 441-238-1566)*
- ☐ Medical Forms *(attached)* completed and signed by the applicant's Doctor or the Clinic.
- ☐ Copy of certified birth certificate or passport *(passport- copies of picture page and statement of Bermuda status page)*.
- ☐ If non-Bermudian, documentation from the Ministry of Labour, Home Affairs & Housing confirming that your applicant is a bona fide resident of Bermuda.
- ☐ Copies of report cards/grades for the last two years (transcripts of all credits/grades earned in other schools)\*
- ☐ Latest aptitude test results and standardized achievement results. (i.e. IOWA/TERRA NOVA etc.)
- ☐ Personal reference letter from the applicant's present teacher describing his/her class performance and behavior.
- ☐ A reference letter from the applicant's Pastor or Sabbath/Sunday School teacher, if applicable.

\*If the applicant is accepted, official transcripts of all the applicant's credits/grades earned in other schools will be required. **Parents are responsible** for having the present (or previous) school forward the applicant's transcript to Bermuda Institute.

**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. Bermuda Institute is patterned after the North American system of education.**



# Information

## Application DEADLINES

Distribution of Applications and Promo Literature	<i>by mid-November</i>
<b>Deadline for receipt of applications</b>	<b><i>Mid-December, for early processing</i></b>
Testing/Evaluation procedures	<i>Throughout January</i>
Testing evaluations completed	<i>Mid to the end January</i>
Admissions Committee meetings	<i>End of January</i>
Notify parents of offers/acceptance	<i>from the end of January to the first week of February</i>
Responses from parents	<i>One week after notification by phone/email</i>
Deposit of \$500 due to hold space	<i>usually <b>by mid-March</b> (depending on when acceptance and notification is given) - this deposit is non-refundable, non-transferable, and non-deferrable.</i>
In cases where the number of qualified applicants exceeds the number of spaces available, preference is given to Seventh-day Adventists, siblings and children of alumni who have submitted their applications before the deadline(s).	
Thereafter, consideration is given to the timing of applications and to meeting the goals of the school's Strategic Plan.	

## Admission Information

The following chart shows the grade equivalencies that apply:

	Bermuda Classification	U.S. Equivalent
Primary:	P1	Kindergarten
	P2	Grade One
	P3	Grade Two
	P4	Grade Three
	P5	Grade Four
	P6	Grade Five
Middle School:	M1	Grade Six
	M2	Grade Seven
	M3	Grade Eight
Secondary:	S1	Grade Nine
	S2	Grade Ten
	S3	Grade Eleven
	S4	Grade Twelve

**THE SCHOOL RESERVES THE RIGHT TO ADMINISTER AN ENTRANCE AND/OR PLACEMENT EXAMINATION FOR APPLICANTS. THEREFORE, **NO GUARANTEE** IS MADE OF GRADE PLACEMENT.**

**IN THE CASE OF APPLICANTS FOR KINDERGARTEN, A SCREENING/INTERVIEW IS USED TO DETERMINE READINESS.**



# Admission Form

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

## Section 1 - Full Legal Applicant Information

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

## Section 2 - Education

<b>Grade presently in</b>	<b>Learning Support</b>	<b>If Yes, Learning Support Documentation</b>	<b>Transcripts Credits &amp; Progress Reports</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached
<b>Grade applying for</b>			
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"/>		
<b>Attendance</b>			
List below the schools/pre-school/nursery the applicant is attending or has attended. Be sure to give schools' complete addresses so we can contact the school, if necessary.			
<b>School Information</b>			
<b>Name of School</b>			<b>Grades Completed or Presently in</b>
<b>School Address</b>			
<b>Street</b>		<b>Parish/City/State</b>	<b>Country</b>
<b>Name of School</b>			<b>Grades Completed or Presently in</b>
<b>School Address</b>			
<b>Street</b>		<b>Parish/City/State</b>	<b>Country</b>
<b>Do you have an unpaid school bill?</b>		<b>If so, how much?</b>	<b>Unpaid balance held by?</b>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Office Use Only</b>			
<b>Date Received at School</b>	<b>Receipt Number</b>		<b>Screening date</b>

## Admission Form - P2



Applicant Name

### Section 3 - Family Information

#### Current Marital Status of Parents:

<input type="checkbox"/> Married and living together	<input type="checkbox"/> Father living, mother deceased	<input type="checkbox"/> Mother living, father deceased
<input type="checkbox"/> Divorced/Separated	<input type="checkbox"/> Re-married	<input type="checkbox"/> Single

Legal guardian	Number of Siblings	Number of Siblings living at home.	Applicant is number

Kindly indicate the name/s of sibling/s attending Bermuda Institute

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**\*Religion:** if **Seventh-day Adventist**, please state which **church** holds your membership by completing and, obtaining a signature, and returning the Seventh-day Adventist Membership Confirmation Form found on **page 9**.

#### Father's Information

Last Name	First Name	Email Address	Religion* (Church)
Occupation	Nationality	Home Phone	Work Phone
Full Street Address <input type="checkbox"/> Same as Applicant			
Street	Parish/City/State	Country	Postal/Zip Code

#### Mother's Information

Last Name	Maiden Name	First Name	Email Address	Religion* (Church)
Occupation	Nationality	Home Phone	Work Phone	Cell Phone
Full Street Address <input type="checkbox"/> Same as Applicant				
Street	Parish/City/State	Country	Postal/Zip Code	

#### Stepfather's Information (if applicable)

Last Name	First Name	Email Address	Religion* (Church)
Occupation	Nationality	Home Phone	Work Phone
Full Street Address <input type="checkbox"/> Same as Applicant			
Street	Parish/City/State	Country	Postal/Zip Code

#### Stepmother's Information (if applicable)

Last Name	Maiden Name	First Name	Email Address	Religion* (Church)
Occupation	Nationality	Home Phone	Work Phone	Cell Phone
Full Street Address <input type="checkbox"/> Same as Applicant				
Street	Parish/City/State	Country	Postal/Zip Code	



## Parent's Contract



Applicant Name

### Section 7 – Payment Plans

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

- |                          |                      |   |
|--------------------------|----------------------|---|
| <input type="checkbox"/> | <b>Yearly Plan</b>   | Making a yearly payment in advance, at registration <i>(includes general fees)</i> .<br>Discount of 5% is given on tuition only.  |
| <input type="checkbox"/> | <b>Semester Plan</b> | <b>Two payments.</b><br>The first payment is to be made at registration and includes the general fees.<br>The second payment is due by January 15 of the following year.<br><i>Discount of 3% is given on tuition only.</i> |
| <input type="checkbox"/> | <b>Monthly Plan</b>  | <b>Ten</b> monthly payments from August to April due by the 15 <sup>th</sup> 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
<b>Address (if different)</b>				
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)





## Seventh-day Adventist Membership Confirmation Form

### Section 8 – Church Membership

Only fill out this form If you stated on the "Family Information" form that one of the Seventh-day Adventist Churches holds your membership. Please complete the information below, have it signed by your pastor and return it to the school along with the other application pages:

- ☐ I certify that the parent/guardian of the applicant listed below applying for enrollment into Bermuda Institute is a baptized member of the Seventh- day Adventist Church in regular standing.
- ☐ I certify that the applicant is a baptized member of the Seventh-day Adventist Church in regular standing.
- ☐ I certify that the applicants are baptized members of the Seventh-day Adventist Church in regular standing.

#### Names

Applicant 1	Applicant 2	Applicant 3	Applicant 4

Name of S.D.A Church

Parent/Guardian's Name (Print)	Parent/Guardian's Name (Signature/Digital Signature)	Date (MM/DD/YYYY)

Church Pastor's Name (Print)	Church Pastor's Name (Signature)	Date (MM/DD/YYYY)







## Religious & Character Information

### Section 9 – Character Reference

To be completed **only** by **Applicant** entering years M1 to year S4 [Grades 6-12]

#### 9A – Church Membership & Attendance

Baptized	Church membership held by	Date of baptism (MM/DD/YYYY)
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you attend church regularly?    ☐ Yes    ☐ No

Are you desirous of living a Christian life?    ☐ Yes    ☐ No

**Give name and address of the Pastor/Minister of your church and one other church member, preferably your Sabbath/Sunday School teacher.**

#### Pastor/Minister's Information

Last Name	First Name	Address
Phone #	Email Address	

#### Sabbath/Sunday School Teacher

Last Name	First Name	Address
Phone #	Email Address	

#### 9B – Lifestyle

Have you ever used alcoholic beverages?    ☐ Yes    ☐ No

Have you ever used drugs or narcotics?    ☐ Yes    ☐ No

Have you ever used tobacco?    ☐ Yes    ☐ No

#### 9D – College & Hobbies

Do you plan to go to college?    ☐ Yes    ☐ No

For what lifework are you preparing for?

Why do you wish to attend Bermuda Institute?

What kinds of things do you enjoy doing in your spare time?

### PLEDGE

If accepted, I will become knowledgeable regarding, and abide by, all regulations and policies contained in the current Bermuda Institute bulletin. I also understand that additional duly-considered and publicly announced regulations will have the same authority as those printed.

Student Signature

# School Health Record

(Not Required for Pre-K applicants)



## Section 10 – 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 10A - 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			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Asthma            State any medication used by the applicant below.         </div> <div style="width: 30%; text-align: center;"> <b>IMMUNIZATIONS</b> </div> <div style="width: 40%;">           Next Immunization Due Date: (MM/DD/YYYY)         </div> </div>					
<input type="checkbox"/> Immunization Records Attached					
<b>Medical Conditions</b>					
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:			
<b>Preventive Health Screenings</b>					
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:	



## Transcript Request Letter

### Section 11 – Transcript Request

Please complete this form and forward it to the applicant's present/former school.

<b>Request Date</b>			
<b>Students Name</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth (MM/DD/YYYY)</b>

Dear Registrar,

It would be greatly appreciated if you could forward to Bermuda Institute, as soon as possible, the above student's transcript of grades and credits and progress reports; their test results - standardized or local, and if applicable, any grades up to the date of withdrawal of the current year.

Blessings,

<b>Parent/Guardian's Signature</b>	<b>Parent/Guardian's Name (Print)</b>	

**Mail to:**

Bermuda Institute  
 Admissions Office  
 Attention: The Registrar  
 P. O. Box SN 114  
 Southampton SNBX  
 Bermuda.

**Email: [registrar@bermudainstitute.bm](mailto:registrar@bermudainstitute.bm)**

**Thank you for your prompt assistance in this matter.**