



# THE BERMUDA HIGH SCHOOL FOR GIRLS

Admissions Office • 19 Richmond Road • Pembroke HM 08  
Tel: 441-295-6153 • Fax: 441-278-3017 • E-mail: admissions@bhs.bm



## Application for Admission

Please complete both sides of this form and return it with the non-refundable \$50 application fee to the Admissions Office.

This application is for entry to Year \_\_\_\_\_ in \_\_\_\_\_  
(e.g. Y4) Month Year

Name of applicant \_\_\_\_\_  
First Name Middle Name Last Name

Birthdate (m/d/yr) \_\_\_\_\_ Bermudian \_\_\_\_\_ Non Bermudian \_\_\_\_\_  
Nationality \_\_\_\_\_

### Contact information for Parent(s)/Guardian(s)

Name/Title: \_\_\_\_\_  
(e.g. Mr & Mrs John Smith)

Mailing address: \_\_\_\_\_  
(P.O. Box # or House # and Street)

\_\_\_\_\_ Home Tel: \_\_\_\_\_  
Parish Postal Code email: \_\_\_\_\_

### Parent/Guardian Information

\_\_\_\_\_ Title (e.g. Mr, Mrs, Ms) First Name Last Name

Occupation: \_\_\_\_\_ Place of business: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

### Spouse

\_\_\_\_\_ Title (e.g. Mr, Mrs, Ms) First Name Last Name

Occupation: \_\_\_\_\_ Place of business: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Continued on reverse side

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Applicant lives with:

Both Parents  Father only  Mother only  Legal guardian

Is mother a BHS Old Girl? \_\_\_\_\_ If yes, enrolled 19 \_\_\_\_\_, left/graduated 19 \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Grandmothers

If the applicant's grandmother(s) attended BHS, please provide the following information:

<i>Name</i>	<i>Maiden Name</i>	<i>Attended from 19</i>	<i>to 19</i>
_____	_____	_____	_____
_____	_____	_____	_____

**Siblings**

<i>Sister's/Brother's name(s)</i>	<i>Birthdate</i>	<i>Present School</i>
_____	_____	_____
_____	_____	_____

Name of present school/nursery school \_\_\_\_\_ Current Year Group: \_\_\_\_\_

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

Head of School \_\_\_\_\_ School phone ( ) \_\_\_\_\_

List prior schools attended (please give dates):

<i>School</i>	<i>Address</i>	<i>Phone</i>	<i>Dates Attended</i>
_____	_____	_____	_____
_____	_____	_____	_____

**Financial Aid**

Check here if you wish to receive information about scholarships and bursaries

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

I agree that my daughter's present and/or previous school may release any academic information which may be required to support her application to BHS.

Date of application \_\_\_\_\_



<b>For Office Use Only</b>	
Name	_____
Received	_____
Class	_____ Year Entering _____
Application Fee	_____