

SOMERSFIELD ACADEMY
Montessori Programme – Application for Admission

107 Middle Road, Devonshire DV06, Bermuda

Tel: (441) 236-9797 Fax: (441) 236-9789
 Email: admissions@somersfield.bm
 Website: www.somersfield.bm

Application for School Year _____

Pre-school Half-Day (*children must attend five mornings per week; be 3 years of age by Dec. 31st of year of entry; be toilet trained*)

Pre-school Full-Day (*children must be 4 years of age by Dec. 31st of the year of entry.*)

Primary: P1 P2 P3 P4 P5 P6 (*in N. America, P1-P6 is equivalent to K-5*)

CHILD'S NAME: _____ Bermudian yes no

Male Female Date of Birth (m/d/y) _____ Nationality _____
 parents/guardians

Mother or Guardian:

Father or Guardian:

Name: _____

Name: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Phone (hm.) _____ (wk.) _____

Phone (hm.) _____ (wk.) _____

Fax: _____ Cell: _____

Fax: _____ Cell: _____

Email: _____

Email: _____

Permanent Residency Status: yes no

Permanent Residency Status: yes no

Siblings:

Name	Sex	Age	Current School/s
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous School Experience:

Years _____
Years _____

How did you learn about Somersfield Academy? _____

Does your child have any siblings who have ever attended Somersfield? yes no

If yes, when was the child at Somersfield, and what were the reasons they left?

Does/Has your child participate/d in:

Speech and Language Therapy: yes no

Occupational Therapy: yes no

Learning Support and/or Academic Tutoring and in what subject/s? _____

Has your child's cognitive and/or behavioral development ever been assessed?* yes no
If yes, what was the outcome: _____

*The Government's Child Development Programme (CDP) provides free developmental assessments for children two years of age. You may wish to take advantage of this free service or have your family physician assess your child.

Has your child had a psycho-educational evaluation and/or specialized testing? yes no

Is there any additional information concerning your child about which we should be aware?

What special interests does your child have? _____

Achievement awards? _____

May we have permission to contact your child's previous school? yes no

Parent Volunteer Information: (Board Experience, Activities, Projects)

All information provided in response to this form will be held in the strictest of confidence. I understand that all admissions are made on the basis of the current admission policy.

Date of Application

Signature of Parent or Guardian

Please be sure to enclose a \$55.00, non-refundable, cheque for the application fee. Thank you.

Office Use Only--

Application Rec'd: _____	Offered: _____
Application Fee Rec'd: _____	Reports, Portfolio: _____
Tour Date: _____	Achievement Tests Rec'd: _____
Interview Date: _____	Contract Signed: _____
References	Deposit Rec'd _____
Contacted: _____	