

SOMERSFIELD ACADEMY

INTERNATIONAL BACCALAUREATE MIDDLE YEARS PROGRAMME (MYP)

APPLICATION FOR ADMISSION

107 Middle, Road, Devonshire, DV 06 Bermuda

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

Application for school year \_\_\_\_\_

- Year 7 (MYP1-Grade 6) Students must be 11 by December 31st of the year of entry.
Year 8 (MYP2-Grade 7)
Year 10 (MYP4-Grade 9)
Year 9 (MYP3-Grade 8)
\* Year 11 (MYP5-Grade 10)

Please note: \*Year 11 (Grade 10) is only open to Somersfield students and those students who have been enrolled in an International Baccalaureate Middle Years Programme.

STUDENT'S NAME: \_\_\_\_\_ Bermudian \_\_\_yes \_\_\_no
Male Female Date of Birth (m/d/y) \_\_\_\_\_ Parent/Guardian Nationality \_\_\_\_\_

Mother or Guardian

Father or Guardian

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

facsimile: \_\_\_\_\_ cell: \_\_\_\_\_ facsimile: \_\_\_\_\_ cell: \_\_\_\_\_

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

Permanent Residency Status: [ ] yes [ ] no

Permanent Residency Status: [ ] yes [ ] no

Siblings

Table with 4 columns: Name, Sex, Age, Current School (if applicable)

Previous School Experience:

\_\_\_\_\_ years
\_\_\_\_\_ years



How did you learn about Somersfield Academy? \_\_\_\_\_

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

If yes, when was the child at the school and what were the reasons for leaving? \_\_\_\_\_

Does/has your child participate/d in:

Speech and language therapy:  yes  no Learning Support and/or  
Academic tutoring:  yes  no  
Occupational therapy:  yes  no In what subject(s): \_\_\_\_\_

Has your child's cognitive and/or behavioral development ever been assessed?  yes  no

If yes, what was the outcome? \_\_\_\_\_

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

If yes, what was the outcome? \_\_\_\_\_

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

What special interests does your child have (Art, Music, Drama, Sports, Debating etc.): \_\_\_\_\_

Achievement Awards: \_\_\_\_\_

Will you give permission for us to contact your child's previous school?  yes  no

**Parent(s) Volunteer Information:** Please tell us about your volunteer history (Board Experience, Activities, Projects). \_\_\_\_\_

All information provided in response to this form will be held in the strictest 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 non-refundable \$55.00 cheque for the application fee and a copy of your child's birth certificate. Thank you.**

**OFFICE USE ONLY:**

Application Received: \_\_\_\_\_ References Contacted: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Tour Date/Toured: \_\_\_\_\_ Offered: \_\_\_\_\_ Accepted: \_\_\_\_\_

Reports, Portfolio, Achievement Test

Rec'd: \_\_\_\_\_ Ret'd: \_\_\_\_\_ Contract Signed: \_\_\_\_\_

Interview: \_\_\_\_\_

Assessed: \_\_\_\_\_ Deposit Rec'd: \_\_\_\_\_