



Please complete both side of this form and return it to the Admissions Office.

Name of Applicant:First name	Middle	name	Last name			
Date of Birth: Book MM / DD / YYY	ermudian: Yes 🔲 No 🏻	Other nationalities:	·			
Date of entry sought:		Year Level:				
Applicant's current school / n	ursery:	Current Year	Level:			
Head of School:	Scho	ool Phone Number:				
Parent / Guardian 1:		Salutation:				
Home Address:		· · · · · · · · · · · · · · · · · · ·				
Mailing Address:						
	Place of Business:					
Work Number:	Email address	s:				
Home Number:	Email address	»:				
Cell Number:						
Parent / Guardian 2:		Salutation:				
Home Address:						
Mailing Address:						
Occupation:						
Work Number:						
Home Number:						
Cell Number:						
Applicant resides with:						

If any family membe	ers are alumni, pl	ease compl	ete below:		
Alumni Name	Maiden Name (if applicable)	Year Enrolled	Year Left / Graduated	House Affiliation	Relationship to Applicant
If the applicant has	any siblings, plea	ase complet	te below:		
Sibling Name	e	Date of Birt	th	Preser	nt School
I / we agree that my d information that may k to contact my present	be required to supp t and / or previous	port this appl school to ver	lication. I autho rify my accoun	orise the BHS nt is in good s	S Business Office standing.
I / we agree to provide concerning my daugh any psycho-education issues.	nter's physical, men	ntal, behavioi	ural or emotior	nal state and	fully disclose
Signature of Parent / 0	Guardian 1:				
Signature of Parent /	Guardian 2:				
Date of application: _					
Please ensure to provide document together with N.B. The application of The Bank of Butterfield HSBC Bermuda Acco	ith a non-refundat fee <i>may be paid on</i> ld Account #20-006	ble applicati nline via: 6-060-00183	ion fee of \$75.		ıs Process
	FOE	- INTEDNIAL II	TOT ONLY		
Data application fee		R INTERNAL U			
Date application fee i					
Year Group:					
Math Result:					
House: Barr	Tothill F	Hastings	Midd	lleton	

Spanish

Other: _

Foreign Languages: French