



Admissions: (441) 239-9457
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Established 1662
Warwick, Bermuda

117 Middle Road
Warwick PG 01
Bermuda
www.warwickacad.bm

APPLICATION FOR ADMISSION

Please note: A copy of your child's BIRTH CERTIFICATE must accompany this form, plus a \$100.00 NON-REFUNDABLE application fee and latest report card if applicable.

STUDENT'S NAME: _____
Surname First Name Middle Name

SEX: Male _____ Female _____ DATE OF BIRTH (m/d/y) _____

Bermudian _____ Non-Bermudian _____ Religion: _____

YEAR OF ENTRY: 20 _____ PRIMARY (1-6) _____ SECONDARY (7-11) _____ IB(12-13) _____

Previous school attended by student: _____

Father or Guardian:
Name: _____

Mother or Guardian:
Name: _____

Address: _____

Address: _____

Place of Employment: _____

Place of Employment: _____

Phone(hm) _____ (wk) _____

Phone(hm) _____ (wk) _____

Cell _____ Email _____

Cell _____ Email _____

Is there any family association with the school? If so, list relationship, names and dates.

AGREEMENT

I understand that all admissions are made on the basis of current admissions policy, including such interviews and tests as may be deemed necessary by the Board of Governors and the Principal.

I understand that all pupils are expected to conform, at all times, to the school rules and regulations, particularly those regarding conduct, dress, attendance at games and participation in school activities.

Date of Application _____ Signature of Parent/Guardian _____