

🔲 Mr

Title:

P.A.C.E. REGISTRATION FORM

STUDENT ENROLMENT, REGISTRATION & RECORDS (SERR) Bermuda College P.O. Box HM 2718, Hamilton HM LX BERMUDA T: 236-9000 ext. 4051 | FAX: 239-4051 | E: serr@college.bm

STUDENT ID#: _

PERSONAL INFORMATION

🔲 Mrs

🔲 Ms

Surname:		Maiden:		First:		Middle:	
REGISTERED NAME	(if different fro	om above):					
Mailing Address:				Hon	ne Address:		
Home Telephone:				Day	time Telephone: _		
E-mail:				Date	e of Birth: : Day	Month	Year
RESIDENCY							
	nudian status?	Yes (go to	next section)	No (coun	try of citizenship):		
Do you reside in Beri							
Do you currently hav			_	_			
Is English your first la				FL Score Report (se			
RESIDENT INTER							
Resident Internationa							
classify as a Resident	t International	Student you wi	II have to pay t	he resident Internati	ional fees. (See Ber	muda College Cat	alogue for fees)
ETHNICITY & GE	NDER	Gend	ler: 🔲 Female	🔲 Male			
The following inform	ation is used f	or statistical pu	rposes only. It i	is not used to detern	nine admission into	Bermuda College	
To which ethnic gro	up do you bel	ong? 🗋					
	<i>g. learning dis</i> ves, submit all s	abilities and/or upporting docur	<i>physical challe</i> nentations inclu	nges, etc.)	sychological test resu	ults as well as any s	pecial accommodations
	IFORMATIC	N For a comp	lete listing of cou	urse codes please visit	- www.college.bm/im	ages/documents/bc,	/BC_Catalogue.pdf
COURSE CODE	SECTION AUDIT WAITLIST			COURSE NAME FEE		FEE	
(e.g. ACC 135)	(If applicable)	(Seniors/Others)	(Yes/No)				
Sponsored Students These cards will be c member of the Berm charges, legal costs a	harged for any uda Credit As	y outstanding to sociation (BCA)	uition and fees), all overdue ad	if accounts are not p ccounts are referred	oaid by sponsors w to the BCA. The st	ithin 90 days of re udent will agree to	-
TO BE COMPLETED							
Organisation: Conta					ion:		
Sponsor's Address: Tele							
				E-mail:			
PAYMENT METHOD	(See the Busin	ess Services Of	fice for payme	nt) 🔲 Cash	Cheque	Mastercare	d 🔲 Visa
Card #:					Expiry Date:		
I hereby release the I participation of the a		-	ms for damage	from any accident o	or injury which is ca	used by or arises	from
Cardholders Name:	e: Authorised Signature:						
Signature of Applicant: Date: Date:							
					-		

Miss