



# BERMUDA COLLEGE P.A.C.E. REGISTRATION FORM

P.O. Box PG 297 • Paget PG BX • Telephone: (441) 236-9000 • Email: serr@college.bm & business-services@college.bm

## 1. PERSONAL INFORMATION

Title:  Mr  Mrs  Miss  Ms  
 Surname: \_\_\_\_\_ Maiden: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 If you were registered under a different name: \_\_\_\_\_ ID # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

## 2. RESIDENCY

Do you possess Bermudian status?  Yes - go to next section  No - specify country of citizenship \_\_\_\_\_  
 Do you reside in Bermuda?  Yes - length of time \_\_\_\_\_  No - specify country of residence \_\_\_\_\_  
 Do you currently have permission to reside in Bermuda?  Yes  No  
 Is English your first language?  Yes  No

## 3. ETHNICITY & GENDER

*The following information is used for statistical purposes only. It is not used to determine admission into Bermuda College.*

To which racial group do you belong?

Black  White  Asian  Black & White   
 Black & Other  White & Other  Other Race  Not stated

Gender: Female  Male

## 4. APPLICATION INFORMATION

Programme Choice: (enter programme code listed below)

CODE (E.G. ACC 135)	SECTION (IF APPLICABLE)	AUDIT (SENIORS) (OTHERS)	WAITLIST YES NO	COURSE NAME	FEE

TOTAL FEE PAID: \_\_\_\_\_

**Sponsored Students Please Note:** All sponsored students must provide credit or debit card information for course registration to be processed. These cards will be charged for any outstanding tuition and fees if accounts are not paid by sponsors within 90 days of registration date.

## To Be Completed by Sponsor:

Organisation: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Sponsor's address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

CASH  BANKCARD PLUS  VISA  GO CARD  AMERICAN EXPRESS  
 CHEQUE  BERMUDACARD  MASTERCARD  ISLAND CARD  EASYLINK

CARD # \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

I hereby release the Bermuda College from all claims for damage from any accident or injury which is caused by or arises from participation of the applicant named herein.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_  
 CARD HOLDERS NAME (IF DIFFERENT FROM ABOVE): \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_