



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

P.O. Box PG 297 • Paget PG BX • Telephone: (441) 236-9000 • Fax: (441) 239-4028

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: _____