

|  |
| --- |
| **IMPACT MENTORING ACADEMY** |

# Student Application (*To be completed by student)*

## Applicant Information

|  |  |
| --- | --- |
| Full Name: |  |
|  | First | Middle |  | Last | Date |  |
| Date of Birth:  |  | Passport No.: |  | Expiration Date:  |  |
| Phone: |  | Email |  |
| Present School |  | Current Year Group |  |  |  | Age |  |
|  |
| Grade Applying to: | **M1** | M2 | **M3** | S1 | **S2** | **S3** | **S4** |
|  | **Yes/No** |  |  |
| Are you a citizen of Bermuda? |  | If no, state your citizenship |  |
| Have you applied to IMA before? |  | If yes, when? |  |
| Do you participate in any sports or activities outside of school? |  | If so, state activities |  |
| Why are you interested in Impact Mentoring Academy? |  |
| How did you hear about IMA?  |  |
| What are your expectations of IMA?  |  |
|  |  |

## Parent/Guardian Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  | Full Name: |  |
| Address: |  | Address: |  |
| Place of Employment: |  | Place of Employment: |  |
| Email: |  | Email: |  |
| Phone (hm): |  | Phone (hm): |  |
| Phone (wk): |  | Phone (wk): |  |
| Phone (cell): |  | Phone (cell): |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent’s Marital Status:  | Married: |  | Divorced: |  | Separated: |  | Together: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Lives with: |  | Mother |  | Father |  | Mother & Father |  | Other: |  |

## Family & Alumni

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Siblings** |  | Sex |  | Age |  | School (if applicable) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Grandparents** |
| Maternal Grandmother |  |  |  | Maternal Grandfather  |  |  |
| Paternal Grandmother |  |  |  | Paternal Grandfather |  |  |
|  |
| **Alumni Name** |  | Year Left/Graduation |  | Relationship to Applicant |
|  |  |  |  |  |

## Talent & Development

|  |  |
| --- | --- |
| My gifts, talents & skills include the following: |  |
| What are your hobbies?: |  |
|  |
| Do you play an instrument? |  | If so, which one (s): |  |
|  |
| Have you received any of the following services (please tick)? |  | Speech Therapy |  | Learning Support / Tutoring |  | Occupational Therapy |  | Counseling Services |
|  |
| If yes, please provide details or the relevant reports: |  |
|  |
| Do you have any learning challenges/disabilities?  |  |
|  |  |
| Is there any additional information we should be aware of?  |  |
|  |  |
|  |
| Have you ever used illegal drugs or alcohol? |  | Do you currently have a drug dependency? |  |
|  |  |  |  |  |  |  |  |  |
| Have you ever been convicted of a crime? |  | Are you willing to take a drug test? |  |

## Short Description of Yourself

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Please take time to describe you as a person, your likes, dislikes, interests, etc.  |  |
|  |
|  |
|  |
| Do you have any religious affiliation?  |  |
|  |
| I believe my life mission (purpose in life) is:  |  |
|  |
| My future dream job is:  |  |

 |

## Enrollment Assignment

Please choose one of the following statements and write a one-page essay on it. This handwritten essay must be turned in with your completed application.

* Describe a person you admire or who has influenced you significantly and explain why.
* List the qualities of a great teacher and describe a teacher you have had who had those qualities.
* List the qualities of a great student and describe how you measure up or don’t measure up to them.

## Disclaimer and Signature

|  |
| --- |
| **Student Disclaimer** |

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  |  | *certify that my answers are true and complete to the best of my knowledge.*  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | Date: |  |

 Applicant

**Photo Release:**

*I give permission for IMPACT Mentoring Academy (IMA) to photograph and video my child and to use said photos and videos for social media, marketing, promotion, and all other IMA materials.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

 Parent/Guardian of Applicant