

Brooklake Christian School

Application for Admission

2011-2012

Family Information

Name of Natural Father / Stepfather / Grandfather / Guardian (circle one)

Last Name: _____ First Name: _____

Complete Address: _____

City, State & Zip: _____

Mailing address (if different): _____

Home Phone: () _____ Cell: () _____ Work Phone: () _____

Email: _____ Occupation: _____ Employer: _____

Marital status: Single Married Divorced Separated Widowed

Name of Natural Mother / Stepmother / Grandmother / Guardian (circle one)

Last Name: _____ First Name: _____

Complete Address: _____

City, State & Zip: _____

Mailing address (if different): _____

Home Phone: () _____ Cell: () _____ Work Phone: () _____

Email: _____ Occupation: _____ Employer: _____

Marital status: Single Married Divorced Separated Widowed

Other: Natural Father/Natural Mother/Stepfather/Stepmother/Grandparent/Guardian (circle one)

Last Name: _____ First Name: _____

Complete Address: _____

City, State & Zip: _____

Mailing address (if different): _____

Home Phone: () _____ Cell: () _____ Work Phone: () _____

Email: _____ Occupation: _____ Employer: _____

Marital status: Single Married Divorced Separated Widowed

<i>Office Use Only</i>	Family # _____
Date: _____	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Visa/Master Card
Registration Fee: _____	Start Date: _____
Technology Fee: _____	End Date: _____
Evaluation Fee: _____	Evaluation Date: _____
Curriculum Fee: _____	
Tuition Fee: _____	
Total: _____	Office Initials _____

If parents are divorced or separated, who has legal custody of the child? _____

Name of legal guardian if other than parent: _____

Is either parent forbidden by court order from having equal access to the child or school records? No Yes

If yes, a copy of the legal documents must be provided: _____

Is there an active restraining order/parenting plan we should have on file? Yes No

(It is the parent's responsibility to provide BCS with a copy of any restraining order, parenting plan or other court order regarding your child.)

If student does not live with natural mother and father, student lives with:

Natural Mother only Natural Father only Natural Mother and Stepfather Natural Father and Stepmother Grandparent(s) Legal Guardian

Additional Information

Individuals Authorized to Pick Up Your Child From School & Emergency Contacts (Please list individuals, **other than parents**, that are authorized to pick up your child from school and/or be contacted in an emergency. Students can only be released to these individuals listed.)

Authorized Pick-Up Emergency Contact

1) Name: _____ Phone () _____ Cell # () _____ Relationship to student: _____

Authorized Pick-Up Emergency Contact

2) Name: _____ Phone () _____ Cell # () _____ Relationship to student: _____

Authorized Pick-Up Emergency Contact

3) Name: _____ Phone () _____ Cell # () _____ Relationship to student: _____

Authorized Pick-Up Emergency Contact

4) Name: _____ Phone () _____ Cell # () _____ Relationship to student: _____

Authorized Pick-Up Emergency Contact

5) Name: _____ Phone () _____ Cell # () _____ Relationship to student: _____

Authorized Pick-Up Emergency Contact

6) Name: _____ Phone () _____ Cell # () _____ Relationship to student: _____

Authorized Pick-Up Emergency Contact

7) Name: _____ Phone () _____ Cell # () _____ Relationship to student: _____

Authorized Pick-Up Emergency Contact

8) Name: _____ Phone () _____ Cell # () _____ Relationship to student: _____

Day-care provider: _____

Day-care phone: _____

Day-care address: _____

Grandparent Information

Paternal Grandparents: _____

Mailing Address: _____

Home Phone: () _____ Cell: () _____

Maternal Grandparents: _____

Mailing Address: _____

Home Phone: () _____ Cell: () _____

Please include on selected school mailings

Do not include on selected school mailings

Student Information

Please circle the grade student is applying for:

YPS PS3 PK5/AM PK4/PM AMK ADK 1 2 3 4 5 6

Student Name:

Last _____ First _____ Middle _____

Male Female Nickname: _____

Birth Date: ____/____/____ Age on August 31st: _____ Birthplace: _____

Is the student a U.S. Citizen? Yes No

Home Address: _____
Street _____
City _____ Zip Code _____

Home Phone: () _____ Email Address: _____

Mailing Address: _____

Ethnicity (optional): African American Asian/Pacific Is. Caucasian Hispanic Native Indian/Alaskan Other _____

I heard about Brooklake Christian School through:

Referred by _____ Friend Advertisement Church Radio

Spiritual and Character Information:

Church Attending/Address _____

Attend Regularly Attend Occasionally

Pastors Name: _____

School History:

If this is your child's first school experience, please check here.

List all school previously attended (including BCS if previously enrolled):

School Name	Full Mailing Address	Grade(s)	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____

Reason for withdrawing from present school?

Has your child ever been suspended? _____ Expelled? _____ Asked to withdraw? _____

Please give full details to any "yes" answer on a separate sheet of paper, including the principal's name, date of incident, address of school, and grade at which incident occurred.

Has your child, to your knowledge, been involved with alcohol, drugs, tobacco, cheating, stealing, or sexual immorality? _____

Has your child ever repeated a grade? _____ If so, state grade and date _____

Has your child ever been tested for or enrolled in a special program? (gifted, learning, disabled, special needs) _____

Please give details on a separate sheet of paper.

If there is any additional information that the school should be aware of in order to effectively meet your child's needs? (Please give details)

Personal References

Please list below two people to whom we may mail or fax a personal reference form. All information must be filled in completely with accurate addresses including street, city, and zip code.

School Reference: Current Teacher or Counselor

Name: _____

Position: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax (optional): _____

School Reference: Another teacher, Advisor, Coach

Name: _____

Position: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax (optional): _____

Church Reference: Pastor, Sunday School Teacher, Youth Leader

Name: _____

Position: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax (optional): _____

If Accepted for Admission:

I authorize Brooklake Christian School to photograph or permit other persons to photograph my/our student while under their care for the support and promotion of Brooklake Christian School.

YES NO

Signature _____

Extended care needed for (K-6) Before After Both

Thank you for taking the time to answer these questions. It will help us to place your child in the appropriate class.
Brooklake Christian School does not discriminate on the basis of race, sex, economic or ethnic background, and we reserve the right to deny admission to any student whose abilities or attitudes do not match the spiritual and philosophical mission of Brooklake Christian School.