

BRIGHT BEGINNINGS ACADEMY

Application for Enrollment

Attach photo here

Student's Full Name _____

Preferred Name _____ Male Female Race _____

Applying for School Year _____ Grade _____

Date of Birth ____ / ____ / ____

Student Cell Phone (____) _____ - _____ Student email _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Home Email _____ Home Email _____

Work Email _____ Work Email _____

Employer _____ Employer _____

Occupation/Title _____ Occupation/Title _____

Work Address _____ Work Address _____

Are parents divorced? Yes No If yes, who is the student's legal guardian? _____

Student resides with _____

To whom should financial correspondence be sent?

Mr. Ms. Mrs. Dr. _____

Address _____

City _____ State _____ Zip _____

Email _____

CC email _____

Maternal Grandparent(s)

Name _____

Address _____

City/State/Zip _____ Phone _____

Paternal Grandparent(s)

Name _____

Address _____

City/State/Zip _____ Phone _____

Siblings

Name	Age	School / Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schools Previously Attended	Grades Attended	Reason for Leaving
_____	_____	_____
_____	_____	_____

What was your child's age when he/she entered first grade? _____

Has the student repeated any grades? Yes No If yes, which grade _____

Is the student currently receiving tutoring? Yes No

Does the student have any physical disabilities, allergies, or regular medications? _____

Has your child had excessive or extended absences from school? If yes, please explain _____

Other Services

Pediatrician's Name _____

Address _____

Phone _____

Has the student been diagnosed with a specific language based learning disability by a qualified Psychologist? Yes No

Psychologist Name _____ Phone (____) ____ - _____

Address _____

Full Report: Attached Being Forwarded

Has the student had a cognitive assessment (IQ test)? Yes No

Type: WISC Stanford-Binet Other _____

Report: Attached Being Forwarded

Other testing notes: _____

Check the services that have been recommended for your child.

Tutoring Counseling Speech/Language Therapy Occupational Therapy Medication

Please provide the following information about services your child is receiving or has received in the past.

Please attach a copy of all reports and evaluations.

Provider

Dates of Service Results/Diagnosis

Tutoring

Counseling

Speech/Language Therapy

Occupational Therapy

School Services

Other

Does your child have any special abilities, talents or hobbies? Please include any competitions or awards.

Who referred you Bright Beginnings Academy? _____

State your primary concern: _____

When was this difficulty first noticed? _____

How did your child's school describe the difficulty? _____

What factors do you think might have contributed to the difficulty? _____

Does your child feel he/she has a problem? (If so, describe these feelings.) _____

The information provided on this application is correct and complete to the best of my/our knowledge.

Signature of Mother/Guardian Date

Signature of Father/Guardian Date

BRIGHT BEGINNINGS ACADEMY

TERMS AND CONDITIONS

Applications are made to the governing authority of Bright Beginnings Academy which reserves the right to accept or reject any application.

Bright Beginnings Academy admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school. Bright Beginnings does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies.

School policies are subject to change. Information on current policies will be made available at parent orientation meetings prior to enrollment.

Applicants agree to abide by all school policies, rules and regulations, including provisions for dress codes and discipline.

Applicants agree that their students will receive instruction in the Christian Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities.

The school has policies designed to meet a reasonable standard of care for students who become ill or have an emergency situation at school. Parents are required to sign a medical release form each year allowing emergency medical care to be obtained in the case parents cannot be reached. Parents understand the school is not an insurer of student health. The school procedures governing health care plans and the storage and administration of medications are available from the Administration.

g. The school's Schedule of Charges provides information about financial terms and obligations. It is updated annually. Students are enrolled for the entire year and the parent or guardian is responsible for the annual tuition payment upon accepting enrollment.

VI. PARENT OR GUARDIAN AGREEMENT

I hereby certify that I have read this Student Application Form, including the Terms and Conditions Section. I do agree to comply with the terms and conditions stated therein and furthermore accept the conditions and requirements of all other official policies and procedures of Bright Beginnings, including the payment of all fees and charges according to the published schedule of the school. This application cannot be processed until the application fee is paid in full and the application is signed by the parents or guardian of the applicant.

Parent/Guardian Signature _____ Date _____

Parent Signature _____ Date _____