

Brookhaven Academy Enrollment Packet



Date _____

Student Name _____

Preferred Name _____

Grade for Application _____

____ BA Enrollment Packet completed

____ Birth Certificate

____ Social Security Card

____ Immunization Records (Must be a current signed MS Form 121)

____ Most recent Report Card

____ Discipline Record (Must provide a school document)

____ Transcript of Grades/Credits/Current Schedule if transferring during school year

____ Application for Membership OR ____ I already have Membership in the name(s) of

_____.

_____ (Signature of employee accepting documents)

The above items must be presented when applying for admission to BA. Entrance tests are also required when attending BA for the first time and may be necessary for some returning students. In some cases, pending all paperwork, students may be allowed to attend classes, but are admitted only on a conditional basis.

New Student Information

Name _____ Grade for Application _____

Preferred Name _____ Social Security # _____ DOB _____

Prior School _____

Name _____ Grade for Application _____

Preferred Name _____ Social Security # _____ DOB _____

Prior School _____

Name _____ Grade for Application _____

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Prior School _____

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Prior School _____

Do you have any current students at BA? _____ Yes _____ No

If yes, please list below.

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Financial Responsibility

	Joint	Father	Mother	50/50	Other
Tuition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aftercare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Financially Responsible Party

Signature of Financially Responsible Party

 Printed Name

 Printed Name

 Date

 Date

Parent Information

Father's Full Name _____

Mother's Full Name _____

Legal Male Guardian _____

Legal Female Guardian _____

Preferred Name _____

Preferred Name _____

Date of Birth _____

Date of Birth _____

Mailing Address _____

Mailing Address _____

Home Phone # _____

Home Phone # _____

Work Phone # _____

Work Phone # _____

Cell Phone # _____

Cell Phone # _____

Email _____

Email _____

Check all that apply.

_____ Parents Married

_____ Divorced

_____ Father Deceased

_____ Single Parent

_____ Parents Separated

_____ Mother Deceased

Student lives with (Check all that apply)

_____ Mother & Father

_____ Father

_____ Stepfather

_____ Guardian(s)

_____ Mother

_____ Stepmother

If parents are divorced or separated, to whom should correspondence be sent?

_____ Both parents

_____ Father

_____ Mother

If parents are divorced, who has legal custody?

_____ Joint Custody

_____ Father

_____ Mother

***** IF APPLICABLE, PLEASE ATTACH ANY LEGAL DOCUMENTS REGARDING CUSTODY AND/OR VISITATION. *****

New Student Record Request Information Form

Date _____
Name of Student _____
Current Grade _____ Grade for Application _____
Previous School Name _____
Previous School Address _____
School Phone # _____ School Fax # _____
Withdrawal Date _____

Date _____
Name of Student _____
Current Grade _____ Grade for Application _____
Previous School Name _____
Previous School Address _____
School Phone # _____ School Fax # _____
Withdrawal Date _____

Date _____
Name of Student _____
Current Grade _____ Grade for Application _____
Previous School Name _____
Previous School Address _____
School Phone # _____ School Fax # _____
Withdrawal Date _____

Application for Membership

School Year _____

Brookhaven Academy Educational Foundation, Inc.

943 Brookhaven Blvd. Ext. NW

Brookhaven, MS 39601

I hereby make application for membership in Brookhaven Academy Educational Foundation, Inc. non-profit corporation established pursuant to the laws of the State of Mississippi. I agree to be bound by all the rules, regulations and conditions as may be imposed on the members of the Foundation.

I agree that no membership certificate will be issued until the following conditions are met:

1. I pay the non-refundable and non-transferrable membership fee of \$750.00 or
2. I transfer two shares of capital stock of Brookhaven Academy, Inc. to Brookhaven Academy Educational Foundation, Inc.
3. I am approved as a member by the Board of Trustees of the Foundation.

I request that the membership be placed in the name(s) set forth below (either in my name, my spouse's name, or jointly in my spouse's name and in my name.

Name(s) as it appears on the membership certificate. Please print. Both must be signed if joint application.

Name _____

Signature _____

SS # _____

Name _____

Signature _____

SS # _____

Address _____

Telephone Number(s)

Home _____

Cell _____

Cell _____

Date of Application _____

Student's Name/Grade _____ Student's Name/Grade _____

Student's Name/Grade _____ Student's Name/Grade _____