Brookhaven Academy Enrollment Packet

Date _____

Student Name _____ Grade for Application _____

Preferred Name _____ Date of Birth _____

Other Siblings/Grade Applying _____

Other Siblings/Grade Applying _____

Other Siblings/Grade Applying _____

_____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 _____

Prior School Address _____

School Phone # _____School Fax # _____

Withdrawal Date _____

Does the student speak English proficiently?   YES or NO

Is the student fully potty trained? YES or NO

Does the student have a 504 Plan? YES or NO

Does the student have an Individualized Education Plan (IEP)? YES or NO

Has the student seen a specialist for any of the following? Please circle all that apply.

> *Speech*   *Behavioral*   *Dyslexia*

Is there any additional information you think we need to know about the student?

_____

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	☐	☐	☐	☐	☐
Incidentals	☐	☐	☐	☐	☐
Cafeteria	☐	☐	☐	☐	☐
Aftercare	☐	☐	☐	☐	☐

_____

Signature of Financially Responsible Party

_____

Printed Name

_____

Date

_____

Signature of Financially Responsible Party

_____

Printed Name

_____

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 _____

_____   _____

Work Phone # _____   Work Phone # _____

Cell Phone # _____   Cell Phone # _____

Email _____   Email _____

Alumni: *YES* or *NO*   Year Graduated: _____   Alumni: *YES* or *NO*   Year Graduated: _____

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. ***

Application for Membership   School Year _____

Brookhaven Academy Educational Foundation, Inc.

943 Brookhaven Blvd. Ext. NW

Brookhaven, MS 39601

I hereby make an application for membership of 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 _____