

Application for Admission  
Brookhaven Academy Educational Foundation

Parent's Names and information are required. Please print.

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Legal Guardian (Male) \_\_\_\_\_

Legal Guardian (Female) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Check all that apply:

Parents Married  
 Single Parent

Parents Separated  
 Divorced

Mother Deceased

Father Deceased

Student lives with (Check all that apply):

Mother & Father  
 Stepmother

Mother  
 Stepfather

Father

Guardian(s)

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

Both Parents

Mother

Father

If parents are divorced, who has legal custody?

Joint Custody

Mother

Father

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

**Student Information: (Please Print)**

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_ Prior School: \_\_\_\_\_

Name \_\_\_\_\_ Grade: \_\_\_\_\_

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Name \_\_\_\_\_ Grade: \_\_\_\_\_

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Name \_\_\_\_\_ Grade: \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_ Prior School: \_\_\_\_\_

**Financial Responsibility**

|            | Joint                    | Father                   | Mother                   | 50/50                    | Other                    |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Tuition    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General    | <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"/> |
| After Care | <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: \_\_\_\_\_