Brooklake Christian School
Application for Admission
2014-2015

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

Office Use Only Family #_____

Date: _____ ❑ Check #_____ ❑ Cash ❑ Visa/Master Card

Registration Fee: _____
Technology Fee: _____
Evaluation Fee: _____
Curriculum Fee: _____
Tuition Fee: _____
Total: _____

Start Date: _____
End Date: _____
Evaluation Date: _____

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 PS PS PLUS PK PK PLUS AMK ADK 1 2 3 4 5

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-5) ❑ 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.