

APPLICATION FOR ADMISSION

For the School Year beginning September 20_____

Date_____

NAME OF CHILD _____ Sex _____
Last First Middle

Present Age _____ Date of Birth _____ Grade Entering _____

Place of Birth _____ Social Security Number _____

Address _____ City/State _____ Zip _____

Home Number _____ E-mail _____ Cell# _____

MOTHER/GUARDIAN'S NAME _____

Home Number _____ Cell# _____

Married Single Divorced Remarried Widowed

Address (if different) _____

Name of Employment _____ Occupation _____

Work Phone _____ E-mail _____

FATHER/GUARDIAN'S NAME _____

Home Number _____ Cell# _____

Married Single Divorced Remarried Widowed

Address (if different) _____

Name of Employment _____ Occupation _____

Work phone _____ E-mail _____

Brook Road Academy reserves the right to maintain admissions information in a confidential admissions file.



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at St. Joseph's Villa

Names of other people/family members who live in the home:

<u>Name</u>	<u>Birth Date</u>	<u>Name</u>	<u>Birth Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any relatives who have attended Brook Road Academy _____
Name Years Attended

How would you describe yourself? (Optional)
African-American White/Non-Hispanic Hispanic Asian Native American Other

Emergency Contact Name _____ Phone number _____
(Contact other than parents to be called in case of an emergency)

Work Number _____ Cell Phone _____ Other Number _____

Emergency Contact Name _____ Phone Number _____
(Contact other than parents to be called in case of an emergency)

Work Number _____ Cell Phone _____ Other Number _____

Are there any legal situations (such as custody orders, restraining orders, and court orders) that we need to be aware of? Yes No If yes, a copy of the order will be required upon enrollment.

Name of Child's Present School _____

Address _____ Phone Number _____

Grade in Present School _____ Contact Person _____
(Most recent records and the results of any standardized tests must accompany this application.)

Other Schools Attended & Dates of Attendance _____

Do you have any siblings/family members currently attending Brook Road Academy?
Yes No _____

Has your child applied to Brook Road Academy previously? Yes No

Has your child repeated any grade? Yes No if yes, indicate the grade and give reasons for retention _____



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Has your child skipped any grade? Yes No if yes, please explain _____

Is your child receiving special school services? Yes No if yes, please explain _____

Has your child participated in any extra curricular or school activities? Does he/she have any special interests? _____

How did you hear about Brook Road Academy? _____

Students transferring from another school must fill out a Record Release Form (enclosed), and we must have your child's records. All students must enclose a reference from a teacher, advisor, coach or counselor employed at your recent attended school. Applications will not be processed without all of these.

MEDICAL INFORMATION

Physician _____ Telephone _____

Address _____

(Copy of Medical Health Record and Immunization must accompany application)

Does Brook Road Academy have permission to give your child medications, sent from home with written consent, on an as-needed basis? Yes No

Does your child need special medications or special accommodations to fully participate in his/her regular schoolwork or physical education class? If so please state the facts and provide documentation from the appropriate medical professional. _____

History of Substance Abuse Yes No if yes, please list any known substance, length of use, treatment provided, most recent usage _____

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Any Diagnosis and/or treatment for Child _____
(Records must accompany application)

Date of last Tetanus shot _____

Use of all current Prescriptions Medications, dosage, frequency, side effects, special instructions, and specify if they are taken at home or at school _____

Is your child allergic to any medication? Yes No If yes, please list _____

Does your child have any significant medical problems? Yes No If yes, please explain each health condition or problem separately to include effects, duration, treatment, etc. ____

Please list any past serious illnesses, infections, diseases, serious injuries and hospitalizations your child may have had. Please include your child's approximate age and date of occurrence _____

Maternal medical/psychological history (includes any medical, physical, educational, and/or psychological difficulties that have been evident in the maternal side of the family, including grandparents, aunts, uncles, etc.) _____

Paternal medical/psychological history (includes any medical, physical, educational, and/or psychological difficulties that have been evident in the maternal side of the family, including grandparents, aunts, uncles, etc.) _____

Has your child had previous educational testing of psychological examinations? Yes No
If yes, please give date, agency, reason for examination and a summary for the major results _____

What kind of educational experience are you looking for at Brook Road Academy for your child?



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What are your expectations as a parent of Brook Road Academy? _____

In what ways will you be comfortable contributing to the Brook Road Academy Community? _____

Describe your child's relationships with brothers and sisters. _____

Describe your child's relationship with peers. _____

Has your child ever been:

Suspended Expelled Asked not to return Please Explain _____

What led you to consider Brook Road Academy? _____

This application will be considered only after the school record, health record, educational assessment and psychological assessment have been submitted with a \$50.00 application fee. We request that the testing be current and not more than two years old. Failure to provide full disclosure may warrant revocation of admission.

Brook Road Academy admits student of any race, color, creed, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

I have read this application thoroughly and understand fully all the provisions contained therein. The information given is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

My signature also secures as a release for Brook Road Academy at St. Joseph's Villa to exchange education related information with any and all parties. If your child is not accepted for the school year in which you apply, please re-submit a new application in January of the following year if you are still interested.

April 22, 2009

