

Brookwood Christian Language School
Application for Discount or Scholarship
(Please fill out an application for each child.)

Date: _____ Student's Name: _____ SS# _____
Birthdate: _____ Gender: _____ Grade applying for: _____
Last school attended: _____ Public _____ Private _____
If your child was in public school the previous year, do they have a current IEP? _____
If yes, please attach a copy.

Our family is applying for a scholarship based on (check all that apply):

____ Ethnicity, Race, or Nationality: _____
____ Specific Disability: _____
____ Financial Need

Our family is applying for a discount based on (check all that apply):

____ Sibling of Enrolled Student(s): _____

Parent or Guardian Information:

Mother:	Father:
Name: _____	Name: _____
Cell # _____	Cell # _____
Home # _____	Home # _____
Address: _____	Address: _____
_____	_____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work # _____	Work # _____
Email: _____	Email: _____

Financial Information (Please complete this section for any type of financial aide and attach a copy of last year's tax returns.)

Please list the following assets:

Total value of all real estate: _____
Total value of all vehicles _____
Total combined salary _____
Total alimony or child support _____
Total stocks, bonds, shares _____
Total bank accounts _____

Please list the following liabilities:

Total owed on real estate _____
Total owed on vehicles _____
Total paid alimony or child support _____
Total student loans (parents & kids) _____
Other loans or debt _____

To the best of my knowledge, all above information is true. _____

Brookwood Christian Language School
Student Application for Full Day and Part Time Program

Applicant Information: Date: _____
Student's Name: _____ SS# _____
Preferred Name: _____ Age: _____
Birthdate: _____ Gender: _____
Grade applying for: _____ Last school attended: _____
Check a Program: LD OR Autism/DD _____
Please list any siblings enrolled here: _____

Parent or Guardian Information:

Allowed to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother:	Father:
Name: _____	Name: _____
Cell # _____	Cell # _____
Home # _____	Home # _____
Address: _____	Address: _____
_____	_____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work # _____	Work # _____
Email: _____	Email: _____

Emergency Contacts:

Allowed to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship: _____	Relationship: _____
Name: _____	Name: _____
Work # _____	Work # _____
Cell # _____	Cell # _____
Home # _____	Home # _____

Grandparent Information:

Allowed to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Maternal	Paternal
Names: _____	Names: _____
Cell # _____	Cell # _____
Home # _____	Home # _____
Address: _____	Address: _____
_____	_____

Names, addresses, and phone numbers of additional people authorized to pick up child:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Parent's Divorced | <input type="checkbox"/> Parent's Separated |
| <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Mother Deceased |
| <input type="checkbox"/> Father Remarried | <input type="checkbox"/> Mother Remarried |

Custody Agreement (Please describe and submit copy of agreement):

Describe any other helpful information about the student.

Previous School Information (Please list all schools attended including name of school, address, type of school and reason for leaving).

Please check the services your child has received in the past:

- OT or PT
- Speech
- Tutoring / Subjects _____
- Group Counseling / Topics _____
- Resource Class
- Self Contained Classroom
- Behavior Disorder Class
- LD Class or Program
- Gifted Program

Which of the following services would you like your child to receive?

(Additional Cost)

- OT or PT
- Speech
- Educational Therapy (for auditory and visual processing)
- Individual or Group Counseling for _____
- Tutoring in _____

Please list any physical disabilities including eye, ear and sensory problems.

List any psychological/counseling services received or recommended.

List medications and any effects (headaches, better attention, etc.).

List any educational or medical diagnoses received such as ADD, ODD, AS, Autism, PDD, LD, etc.

Additional Information

Describe how your child interacts socially with children and adults (Shy, Outgoing, Slow to warm up, Aggressive, etc).

Describe how your child feels about school.

Describe your child's strengths and interests.

Describe your child's specific learning needs.

Describe the perfect learning environment for your child (quiet, needs music, needs to move around, etc.)

Describe what you expect the school to do for your child.

To the best of my knowledge, the information provided on this application is true.

(Parent or Guardian Signature)

Please attach:

- | | |
|---|--|
| <input type="checkbox"/> Previous school records | <input type="checkbox"/> Copy of Social Security Card |
| <input type="checkbox"/> Special Education records | <input type="checkbox"/> Copy of Health Insurance Card |
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Any testing reports and summaries |
| <input type="checkbox"/> Hearing, Dental, and Vision Screening | <input type="checkbox"/> Most recent report card |
| <input type="checkbox"/> Copy of Certificate of Immunization 3300, 3231 | |

Medical Information for (student's name) _____

Doctor's Name: _____ Phone: _____

Address: _____

Please check all that apply to your child's medical history:

Allergies _____

Asthma _____

Anemia _____

Chronic illness _____

Diabetes _____

Head injury _____

Heart problem _____

Seizures _____

Skin Conditions _____

Other _____

Please list any medications or treatments that must be taken at school, the dosage, the frequency, the purpose, any side effects, and the prescribing physician.

Please check the non-prescription meds we may administer to your child at school:

acetaminophen

ibuprofen

allergy medicine for stings or environment

hydrocortisone cream

antacids

cough drops

cold medicine

topical antibiotic

other: _____

Please send in any other needed meds. Meds should be in original containers and inside a clear baggy with your child's name on it.

I request that school staff administer or assist my child in taking medications. I release and hold harmless the board, the school, its agents, and any school employee from a liability for administering any authorized medication.

Parent's or Legal Guardian's

Signature: _____

Date: _____

PARENTAL AGREEMENT FORM

I agree to treat all students and staff members of Brookwood Christian Language School with respect and cooperation.

I will see that my child has good attendance. I will see that he/she arrives on time and is picked up on time. I agree to pay \$1 per minute when I am more than 10 minutes late.

I will attend at least 1 conference per year.

I agree to volunteer at least 5 hours per year. This time does not have to be during the school day, but can be at home or during a Saturday event.

I agree to pay tuition in full on time.

I will read to my child at least 15 minutes per day **and/or** have my child read to me at least 15 minutes per day (either way, the child should have contact with books for a total of **30 minutes** per day).

I agree to abide by the policies of Brookwood Christian Language School outlined in the handbook and other publications.

I agree to release Brookwood Christian Language School from any responsibility for property damage, illness, accidents, or injury incurred by my child at this school not due to negligence on the part of the staff or other personnel.

I agree to allow my child to participate in all school related activities, field trips, physical education activities, etc. I understand that parents will provide transportation for school activities in their privately owned vehicles. I absolve and release the school, its officers, trustees, staff, faculty, employees, and volunteer drivers from liability to my child or to me or any other parent or guardian of the child because of injury sustained at school during any school activity or during travel to and from any school activity.

I agree to allow Brookwood Christian Language School, at my expense, to institute emergency treatment through my family physician or any other recognized medical resource. When possible, the school will contact me prior to such action.

I agree to allow Brookwood Christian Language School to take photos and video of my child for the newspaper or any other school promotions or advertisements and for my contact information to be placed in the directory.

Date: _____ Student's Name: _____

Parents' or Guardians' Signatures: _____

Parents can be assured that the staff will treat parents and students with respect and cooperation, operate in a professional manner, and make every possible effort to assure safety and a quality education for your child.

Records Release Authorization

Student's Name: _____ Grade: _____
Parent's or Guardian's Name: _____
School Name: _____
Homeroom Teacher: _____
Date: _____

Please forward the following items to Brookwood Christian Language School, 3575 Acworth Due West Rd., Acworth, GA 30101. Thank you.

- Most recent report card
- All Transcripts or Records
- All Standardized Test Reports
- All Psychological/Educational testing Reports
- All Special Education Records including evaluation results
- Current IEP
- All Health Records (vision screening, immunization, birth cert., etc.)
- All Disciplinary Reports

Parent or Guardian
Signature: _____
Date: _____

Confidential Teacher Evaluation Form

Top portion to be filled out by parent or guardian:

Student's Name: _____

Student's current school: _____

Current school's address: _____

Name of main teacher: _____

Please complete the bottom portion of this form and mail it to Brookwood Christian Language School, 3575 Acworth Due West Rd, Acworth, GA 30101.

Signature of parent or guardian: _____

Bottom portion to be filled out by teacher:

Personal Traits	Above Avg	Average	Below Avg
Relationships with adults			
Relationships with peers			
Independence with work			
Self Help/Independence			
Self esteem			
Self control			
Respectfulness			
Effort			
Behavior			

Please describe how this child learns and any other ideas that will help us best serve this child.