

## Discount or Scholarship Form

(Do **not** need to fill out for GA SB10 Special Needs Scholarship)

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Public \_\_\_ Private \_\_\_

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

\_\_\_ Financial Need

\_\_\_ Sibling of Enrolled Student(s): \_\_\_\_\_

Parent or Guardian Information:

Mother:

Father:

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

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

Financial Information (No tax credit scholarship can be awarded without our staff entering the following information into the Apogee database .)

Total combined salary \_\_\_\_\_

Number of Dependents \_\_\_\_\_

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

Signature: \_\_\_\_\_

## Brookwood Christian School Application

Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
Grade applying for: \_\_\_\_\_ Last school attended: \_\_\_\_\_  
GA Testing Identification Number (GTID#) from CRCT Test: \_\_\_\_\_  
Please list any siblings (Name, Age, Grade, School).

### Parent or Guardian Information:

Allowed to pick up child? ___ Yes ___ No	Allowed to pick up child? ___ Yes ___ 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? ___ Yes ___ No	Allowed to pick up child? ___ Yes ___ No
Relationship: _____	Relationship: _____
Name: _____	Name: _____
Work # _____	Work # _____
Cell # _____	Cell # _____
Home # _____	Home # _____

### Grandparent Information:

Allowed to pick up child? ___ Yes ___ No	Allowed to pick up child? ___ Yes ___ No
Maternal	Paternal
Names: _____	Names: _____
Cell # _____	Cell # _____
Home # _____	Home # _____
Address: _____	Address: _____

Names and phone numbers of additional people allowed to pick up child:

Check all that apply:

Parent's Divorced

Parent's Separated

Father Deceased

Mother Deceased

Father Remarried

Mother Remarried

If there is a restricted Custody Agreement, please submit a copy of agreement

What is your child's learning disability?

Describe any other helpful information about the student including strengths.

Previous School Information (Please list all schools attended).

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

LD Class or Program

OT or PT

Speech

Tutoring / Subjects \_\_\_\_\_

Group Counseling / Topics \_\_\_\_\_

Resource Class

Self Contained Classroom

Behavior Disorder Class

Gifted Program

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

\_\_\_\_\_  
(Parent or Guardian Signature)

Please attach:

Previous school records

Copy of Social Security Card

Special Education records

Copy of Health Insurance Card

Copy of Birth Certificate

Any testing reports and summaries

Hearing, Dental, and Vision Screening

Most recent report card

Copy of Certificate of Immunization 3300, 3231

**Medical Information** for (student's name) \_\_\_\_\_

Parent name and cell number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

**PARENTAL AGREEMENT FORM**

\*I agree to treat all students and staff members of Brookwood Christian School with respect and cooperation and abide by the policies of Brookwood Christian School outlined in the handbook and other publications.

\*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 understand there is a \$10 fee for picking up my child after 3:15, and the cost goes up to \$1 per minute after 3:30.

\*I will attend at least 1 conference per year and 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 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 allow my child to go on walks with a teacher around the school and into downtown, the library, farmers market, or lake area at any time during the regular school day.

\*I agree to release Brookwood Christian School from any responsibility for property damage, illness, accidents, or injury incurred by my child at this school or on school related activities - 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 and teachers 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 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 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 School  
4728 Wood Street  
Acworth, GA 30101

or email: [office@brookwoodchristian.com](mailto:office@brookwoodchristian.com)

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 School, 4728 Wood Street, Acworth, GA 30101  
or email to [office@brookwoodchristian.com](mailto:office@brookwoodchristian.com)

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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.

