

Enrollment Update

Siblings and Step-Siblings

Name	Age	Current Grade	Current School
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Financial Information

I (We) desire to have our child, _____, continue his/her enrollment in Brentwood Christian Academy for the school year, subject to the terms and conditions, financial and otherwise, adopted by the Board of Directors of Brentwood Christian Academy.

 Parent/Guardian Signature
(Signature of Financially Responsible Person)

Attestation

I (We) certify that all the information on this Enrollment Update is accurate and complete.

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date

Other Information

 Church Affiliation

 Person Responsible for Overseeing Student's Education

- Has student been referred for any kind of testing? yes no
- Has student had an educational evaluation? yes no
- Has student had a psychological evaluation? yes no
- Has student been diagnosed with any kind of learning difference? yes no
- Has student been diagnosed with ADD or ADHD? yes no
- Does student have any IEP documents or special ed reports? yes no
Please include copies of any reports with application.

Are you a member of the Home Legal Defense Association? yes no

Does student take any medication on a regular basis? yes no

If yes, please specify _____

 Child's Physician Phone Number

Does student have any medical conditions or sensitivities we need to know about? If so, list below. _____

Contact in case of emergency:

Name	Relationship to Student	Phone Number
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I give Brentwood Christian Academy permission to use the picture of _____, for promotional purposes, such as on the website and brochures.

 Parent Signature

