

**STUDENT INFORMATION**

\_\_\_\_\_  
*Last Name*                      *First Name*                      *Middle*                      *Grade*                      *Male/Female*

\_\_\_\_\_  
*Date of Birth*                      *Race*                      *Parish/Church*

\_\_\_\_\_  
*Home District: Where the student would attend school if not enrolled at BRCS.*                       Yes     No  
*Military Family*

\_\_\_\_\_  
*Please list any allergies your child has.*                      *Please list any medications prescribed for your child.*

\_\_\_\_\_  
*Does the student receive any special services?*     Yes     No    *Is there an active IEP/service plan for:*     Learning Disability     Speech/Language

**PARENT INFORMATION**

\_\_\_\_\_  
*Father's Name*                      *Father's Address*

\_\_\_\_\_  
*Father's Home Phone*                      *Father's Cell Phone*                      *Father's Work Phone*

\_\_\_\_\_  
*Father's Place of Employment*                      *Father's Email Address*

\_\_\_\_\_  
*Mother's Name*                      *Mother's Address*

\_\_\_\_\_  
*Mother's Home Phone*                      *Mother's Cell Phone*                      *Mother's Work Phone*

\_\_\_\_\_  
*Mother's Place of Employment*                      *Mother's Email Address*

\_\_\_\_\_  
*Please identify who the student lives with during the school year:*     Father     Mother     Stepfather     Stepmother     Other

\_\_\_\_\_  
*For military families:*

\_\_\_\_\_  
*Squadron Name*                      *Commander's Name*                      *Commander's Phone*

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
*In the event of an emergency where a parent cannot be reached, please indicate a relative or friend that we can notify:*

\_\_\_\_\_  
*Emergency Contact Name*                      *Phone Number*                      *Relation to Student*

**NEW STUDENT INFORMATION**

\_\_\_\_\_  
*School records should be forwarded from current school. Proof of identity (birth certificate) and immunization records are required.*

\_\_\_\_\_  
*Please advise your home school district of your intention to enroll in a private school at least ten days prior to enrollment.*

\_\_\_\_\_  
*Name of last school attended*

\_\_\_\_\_  
*City, State*                      *Phone Number*