

Office use only  
Date rec'd \_\_\_\_\_  
Rec'd by (initials) \_\_\_\_\_



# BRADFORD ACADEMY

## Enrollment Application

Acceptance is based on a completed application, including any requested documentation and the availability of place for each grade.

Date: \_\_\_\_\_ School year applying for: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Student: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Address: \_\_\_\_\_  
(Street Address) (City) (Zip Code) (County)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Are you living in any of the following locations?** (check one) Unsheltered (on the street) \_\_\_\_\_ Sheltered \_\_\_\_\_  
Transitional Housing \_\_\_\_\_ Foster \_\_\_\_\_ Doubling-Up \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ Unaccompanied Youth \_\_\_\_\_

**Ethnicity/Race:** (Check all that apply)

African American \_\_\_\_\_ American Indian \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Multi-racial \_\_\_\_\_ Other \_\_\_\_\_

Language spoken in home: \_\_\_\_\_ Child's primary language: \_\_\_\_\_

**Previous School Information:**

Current School Attending: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Location: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Type of School: Public \_\_\_\_\_ Private \_\_\_\_\_ Parochial \_\_\_\_\_ Charter \_\_\_\_\_ Home school \_\_\_\_\_

Was your child suspended from school during the previous school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many times? \_\_\_\_\_ Please indicate reason(s) for the child's suspension: \_\_\_\_\_

Has the child been expelled from school for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of expulsion \_\_\_\_\_

What school year(s) \_\_\_\_\_ Please indicate reason(s) \_\_\_\_\_

Does your child require special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide current IEP with this application. (No exceptions!)

Do you have children who are currently students at Bradford Academy? Yes \_\_\_\_\_ No \_\_\_\_\_

If answered yes, please list the name and grade of the student(s) for the upcoming school year:

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

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

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

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

How did you hear about Bradford Academy? Daycare Provider \_\_\_\_\_ Facility Sign \_\_\_\_\_ Flier \_\_\_\_\_ Bradford Academy Website \_\_\_\_\_  
Facebook \_\_\_\_\_ Internet \_\_\_\_\_ Mail Piece \_\_\_\_\_ Billboard \_\_\_\_\_ WJLB 97.9 FM \_\_\_\_\_ C&G News \_\_\_\_\_  
Yellow Pages \_\_\_\_\_ Event \_\_\_\_\_ Friends & Family \_\_\_\_\_ Other \_\_\_\_\_

Permission to have your child's photo/name used: Yes \_\_\_\_\_ No \_\_\_\_\_

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Birth Certificate \_\_\_\_\_ Immunizations \_\_\_\_\_  
Report Card / Transcript \_\_\_\_\_ Date of Assessment \_\_\_\_\_ (grades  
3-9 only) Reading \_\_\_\_\_ Math \_\_\_\_\_ Discipline record \_\_\_\_\_ Essay \_\_\_\_\_

Student ID# \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Sent for records: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Emergency Medical Information**

Student's Physician of Health Care: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Health Insurance Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Is your child subject to a condition which may cause emergencies such as epilepsy, diabetes, fainting, allergies, asthma, etc?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child have any health conditions that may limit participation in strenuous activities such as physical education or athletics?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain \_\_\_\_\_

Has your child had chicken pox? Yes \_\_\_\_\_ No \_\_\_\_\_ Has your child been immunized for chicken pox? Yes \_\_\_\_\_ No \_\_\_\_\_

**Mother/Guardian Information:** (please check one)

Parent \_\_\_\_\_ Guardian \_\_\_\_\_ (provide documents) Deceased \_\_\_\_\_ Joint Custody \_\_\_\_\_ (provide documents)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: (if different from student) \_\_\_\_\_  
(Street Address) (City) (Zip Code)

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**Father/Guardian Information:** (please check one)

Parent \_\_\_\_\_ Guardian \_\_\_\_\_ (provide documents) Deceased \_\_\_\_\_ Joint Custody \_\_\_\_\_ (provide documents)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: (if different from student) \_\_\_\_\_  
(Street Address) (City) (Zip Code)

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**Emergency Contact(s) Information:**

#1 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

#3 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

#4 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: Note: Falsification of information contained in this application will immediately void such agreement and result in said child being dropped from Bradford Academy.