

Brighton Academy Application

Student Information

Name _____
Last First Middle

Address _____
Number & Street City State Zip

Birth date _____ **Applying for:** Grade _____

How would you describe your child's:

Personality _____

Activity Level _____

Social Skills _____

Academic Skills _____

Schools Attended _____

Are there any medical or emotional concerns that we should be aware of? _____

Parent Information

Student Lives with: Father Mother Both Other _____

Father/Guardian:

Name _____ Marital Status _____

Occupation _____

Home Phone _____ Work Phone _____ Cell _____

Mother/Guardian:

Name _____ Marital Status _____

Occupation _____

Home Phone _____ Work Phone _____ Cell _____

Person's Responsible for Tuition _____

What brings you to Brighton? _____

What are your expectations for your child's education? _____

◇ Academic testing for placement may be required for a fee of \$25.00.

◇ Please submit your child's most recent report card and/or test scores with this application.

I certify that all the information in this application is complete and true. Should my child be accepted to Brighton Academy, I also understand that failure to disclose all requested information could result in my child's dismissal from school.

Parent/Guardian Signature _____

Date _____

Brighton Academy Registration

- Spring 2014
 Fall 2014

Student's Age: _____

Entering Grade: _____

Student Name _____
Last First Middle

Date of Birth _____ Social Security Number _____
(required for high school)

Student's Address _____

Student Lives with: Father Mother Both Other _____

Father: Name _____ Marital Status _____
Home Address _____ Zip _____
Home Phone _____ Work Phone _____ Cell _____
Employer: _____ Email Address _____
Work Address _____ Zip _____

Mother: Name _____ Marital Status _____
Home Address _____ Zip _____
Home Phone _____ Work Phone _____ Cell _____
Employer _____ Email Address _____
Work Address _____ Zip _____

Person #1 Responsible for Tuition _____
Social Security Number _____
Mailing Address _____

Person #2 Responsible for Tuition _____
Social Security Number _____
Mailing Address _____

◇ Any pertinent legal documents pertaining to Visitation or Custodial Rights must accompany this form.

◇ Registration, Tuition and Materials Fees are not refundable. All published tuition increases apply. Limitations on café charges or café account cancellation must be submitted in writing.

◇ A \$50.00 Late Fee will be charged if tuition is not paid by the tenth of each month.

I certify that all information on this form is true and complete. I agree to adhere to the policies of Brighton Academy as stated in the Information Packet which I have received, read, and understand completely. I am aware of the current material and registration fees, tuition rates and volunteer and fundraising requirements. I agree to pay for all café charges incurred by my student/s. I am hereby responsible for payment of all tuition and fees applicable to my child's education. I agree to provide a medical release form, and to submit a request for my child's previous school records (as needed) in a timely manner.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

**Brighton Academy
Medical Information/Release**

Student’s Name _____ Grade _____ Birth Date _____
Last First M.I.

Has the Student been diagnosed with any allergies or medical conditions? If yes, please list.

Is the Student currently taking any medications? If yes, please list.

**IN CASE OF EMERGENCY, PLEASE LIST PERSONS (INCLUDING YOURSELF)
IN ORDER OF CONTACT.**

1. Contact Name _____ Relation to Student _____

Best Phone Number to contact during school hours: _____

Alternate Phone Number(s): _____

2. Contact Name _____ Relation to Student _____

Best Phone Number to contact during school hours: _____

Alternate Phone Number(s): _____

3. Contact Name _____ Relation to Student _____

Best Phone Number to contact during school hours: _____

Alternate Phone Number(s): _____

AUTHORIZATION OF RELEASE

(Please Initial one for each)

- I do ___ I do not ___ give permission for Brighton Academy to arrange transportation of my child to a medical facility in the event of an injury or illness occurring at school or during an approved Field Trip.
- I do ___ I do not ___ give permission for my child to receive medical treatment in the event of an injury or illness occurring at school or during an approved Field Trip.
- I _____ authorize Brighton Academy to disperse Children's Tylenol or Benadryl if needed.
(parents name)

Doctor’s Name _____ Phone _____

Address _____

Insurance Company _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

THIS FORM WILL BE KEPT ON FILE IN THE BUSINESS OFFICE AND A COPY MUST ACCOMPANY THE STUDENT ON ALL FIELD TRIPS.

Brighton Academy Photography Release Form

This letter confirms the agreement between you (the parent of a Brighton Academy Student) and Brighton Academy of Grants Pass, Oregon regarding your child's participation in approved Brighton Academy activities in which he/she may be photographed or videotaped from time to time.

For consideration received, you hereby irrevocably grant to Brighton Academy perpetually, exclusively, and for all media throughout the world (including, but not limited to, print, non-theatrical, home video, DVD, CD-ROM, Internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of your child as a result of his/her participation in approved activities of Brighton Academy.

* * * * *

I hereby certify that I have read and understand the above agreement.

_____ I agree to the release of my child's likeness to Brighton Academy as stated above.

_____ I do not wish for my child's likeness to be used by Brighton Academy as stated above.

Child's Name _____

Signature _____ Date _____



Student Name and Grade: _____

Records being sent from:

Records being sent to:

Brighton Academy
1121 NE 7th St
Grants Pass, OR 97526

I/we hereby give our approval to Brighton Academy to examine and make copies of all the records representing grades, attendance, involvement in supplementary activities, and other personal records relating to my child.

Copies of this authorization are to be considered as valid as the original.

Dated: _____

Signature of parent or guardian

Parent or guardian's name (please print)

1121 N.E. 7th Street ◊ Grants Pass, Oregon 97526 ◊ 541.474.6865
AN OREGON CORPORATION