

Date: _____



I. Name of Student: _____
Last First Middle

2. Address: _____
City Zip

3. Phone: _____ Sex: Male _____ Female _____

4. Date of Birth: _____ Place of Birth: _____

5. Applying for Entrance Beginning: _____, 20_____
Pre-K (half-day) K (full-day) 1 2 3 4 5 6 7 8 9 10 11 12

6. Marital Status of Parents: Married Separated Divorced
Single Widow(er)

7. Father: Mr. Dr. _____ Phone: _____

Address: _____

E-mail Address: _____

Professional Position: _____

Name of Firm: _____ Phone: _____

Business Address: _____
City Zip

8. Mother: Mrs. Ms. Dr. _____ Phone: _____

Address: _____

E-mail Address: _____

Professional Position: _____

Name of Firm: _____ Phone: _____

Business Address: _____
City Zip

9. Applicant lives with: _____

10. Please give names and ages of the applicant's brothers and sisters: _____

II. Tuition bill should be sent to the following person(s): _____

If tuition bill is to be sent to person(s) other than the parents, please indicate address:

12. School currently attending: _____

Address: _____
Street City State Zip

13. Estimated grade average (A, B, C, etc.) in current school year in English: _____ Math: _____

14. Other schools previously attended: (please list name, address, and years of attendance).

a. _____

b. _____

c. _____

15. Please indicate applicant's:

a. Hobbies: _____

b. Sports preferences: _____

c. Special interests: _____

16. Are there any special problems that the school should be aware of (for example, hearing, health, emotional or other difficulties)? _____

17. How did you learn about Brookfield Academy? _____

18. What attracted you to this school? _____

19. Ethnicity (optional) *The Academy accepts students regardless of race, creed or national origin.*

African American Asian, Asian American Caucasian

Hispanic Indian Native American

Pacific Islander Other (specify) _____

If our student is accepted for admission to Brookfield Academy, we agree that we will uphold the purposes and regulations of the school as represented by the administration and faculty; we will reinforce the student's education through encouragement and supervision at home; and we will meet our financial obligations to the school. Brookfield Academy consults and cooperates with parents to help maintain a safe and healthy environment for our students. However, we cannot guarantee an environment free of all allergens or other substances to which some individuals may be sensitive. Some students' intensive health needs or medical conditions may require staffing, equipment, or facilities beyond the resources of Brookfield Academy.

Father's signature Date Mother's signature Date

This application should be returned to the school with the \$25.00 non-refundable application fee, payable to Brookfield Academy. Please mail to Brookfield Academy, Admissions Office, P.O. Box 907, Brookfield, WI, 53008-0907. You will then be notified of the dates for the admission screening exercises, which are part of the admission process.

This space for office use

Received _____ Fee Paid _____ Check # _____