



**BROOKFIELD ACADEMY**

3460 North Brookfield Road · P.O. Box 907  
Brookfield, WI 53008-0907  
t/ 262-783-3200 · f/ 262-783-3209  
www.brookfieldacademy.org

**REQUEST FOR INFORMATION**

**TO THE APPLICANT'S PARENTS:**

Please sign this release statement and mail it to your child's preschool, babysitter, or a friend to complete.

My son/daughter, \_\_\_\_\_, is applying for admission to Brookfield Academy.  
I authorize you to provide the information requested on the form below.

_____	_____
Date	Signature of Parent/Guardian
_____	_____
Person completing this form	Title
_____	_____
Name of school	Telephone
_____	_____
Address / City / Zip	Date

In what capacity have you known the applicant? \_\_\_\_\_

What are the applicant's strengths? \_\_\_\_\_

\_\_\_\_\_

What are the applicant's weaknesses? \_\_\_\_\_

\_\_\_\_\_

- |                              |                                    |                               |                               |
|------------------------------|------------------------------------|-------------------------------|-------------------------------|
| Works cooperatively in class | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| Listens in a group           | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| Respects school rules        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| Interacts with peers         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| Uses imagination             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| Communicates with teachers   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| Responds to adversity        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |

We welcome any further comments you may have concerning the academic or social development of the child.

\_\_\_\_\_

Are you aware of any health-related problems?  Yes  No

If yes, please comment: \_\_\_\_\_

*Please mail this form to:*  
Mrs. Sharon Koenings, Director of Admissions  
Brookfield Academy, P.O. Box 907, Brookfield, WI 53008-0907