



**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

**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