

APPLICATION FOR ADMISSION



Application fee: \$35

Applying for Fall/Spring 20 _____ Check one: day applicant boarding applicant

Current grade level _____ Applying for grade _____

Applicant Information

Name _____

First

Middle

Last

Preferred Name

Home address _____

Street

City

State

Zip

Telephone number _____ E-mail address _____

Social Security No. _____ Birth date _____ Place of Birth _____

Ethnic Origin (optional) _____ Citizenship _____

Family Information

Father's full name _____ Mother's full name _____

Father's address _____ Mother's address _____

Home phone _____ Home phone _____

Father's occupation/title _____ Mother's occupation/title _____

Father's employer _____ Mother's employer _____

E-mail address _____ E-mail address _____

Business phone _____ Business phone _____

Parents are: Married Divorced or separated Father deceased Mother deceased

Student resides with (please check all that apply): Both parents Mother Father

Stepmother Stepfather

Guardian _____

Name

Relationship

To whom should information be sent? Both Mother Father

Other _____

Name

Address

Please list the names, ages, grades, and schools of all brothers and sisters of the applicant:

Academic Information

Applicant's current school _____

School address _____

School telephone _____ Length of enrollment at current school _____

Counselor's name _____

List other high schools attended (if any):

Has applicant ever been suspended or dismissed from any school she has attended? No Yes

If yes, please explain on a separate sheet.

Has applicant taken the SSAT? No Yes Scores received V M Q

If student has not taken the SSAT, when does she plan to take the test? _____ Where? _____

Has the student taken any other standardized test (i.e., PSAT, SAT, etc.)? No Yes

Please list scores _____

Personal Information

Please list any awards and/or honors the applicant has received: _____

What extracurricular activities does the applicant enjoy? _____

What is the applicant's religious affiliation? (optional) _____

Is the applicant in good general health? Yes No

If no, please explain _____

How did the applicant learn about Brenau Academy? _____

To what other private schools is the applicant applying? _____

Please list the names and relationships of all relatives who attend or attended Brenau Academy: _____

Does the applicant wish to receive financial aid information? Yes No

Is the applicant interested in our English as a Second Language (ESL) program? Yes No

Fees

A nonrefundable fee of \$35 must accompany this application. Make checks payable to Brenau Academy. It is understood that if a student is enrolled, her place is confirmed until the end of the school year, and no deductions will be made in case of dismissal or withdrawal (except in the case of prolonged illness).

Signatures

Upon signing this form, you are confirming that the information you have provided is accurate and truthful to the best of your knowledge. It is understood that the family is responsible for payment of all fees applicable to each year's enrollment. Furthermore, your signature authorizes Brenau Academy to contact your daughter's current school to obtain additional academic and personal information.

Applicant _____ Date _____

Parent/Guardian _____ Date _____

Please return to:
Brenau Academy
Office of Admissions
500 Washington St. SE
Gainesville, GA 30501
770-534-6140

Brenau Academy welcomes qualified students of any race, color, national origin, religion or ethnic origin to all rights, privileges, programs, and activities of this institution. It does not discriminate on the basis of race, color, national origin, ethnic origin, religion or physical handicap in administration of its educational policies, admission policies, scholarship programs or other institutional programs.