

**BREVARD ACADEMY  
INFORMATION DISCLOSURE AND PERMISSION FORM**

**Disclosure of Student Suspension or Expulsion from School**

Has this student ever been expelled or suspended from school?                      NO                      YES

If yes, please explain. Include name of school and dates:

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**Press or Performance Release Permission Form**

I hereby give my permission to Brevard Academy, its agents, successors, assigns, clients, and users of its services and/or newspaper, radio, television to use my (or my child's) photograph, voice recordings and my (or his/her) name for promotional and instructional purposes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Insurance Information**

Brevard Academy assumes that your child is covered by your health insurance.

Policy Holder \_\_\_\_\_

Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_