BREVARD ACADEMY
STUDENT INFORMATION

Student's Full Name _____
Last First Middle

10-11 Grade _____ Sex _____ Birth date _____/_____/____

Ethnic Category: Hispanic/Latino White Black Am. Indian/Alaskan Nat. Asian Hawaiian/Pacific Islander

Student's Home Phone (_____) _____-_____

Student's Mailing Address _____

Student's Home Address _____

City/State/Zip _____ County of Residence _____

Cell Phone Mother (____) _____-_____ Parent E-Mail Address _____
Cell Phone Father (____) _____-_____

Resides with: (Circle One) **1) Mother & Father** **2) Mother** **3) Father**
4) Grandparent **5) Guardian** **6) Mother & Stepfather** **7) Stepmother & Father**

Previous School _____ Sibling(s) age or grade _____

City, State (if outside of Transylvania County) _____

Medical Information

Doctor's Name _____ Phone (_____) _____-_____

Doctor's Address _____

Emergency Contact Name _____ Relationship _____

Address _____ Phone (_____) _____-_____

Chronic Illness/Injuries _____ Allergies _____

Current Medication _____ Last Tetanus Shot _____/_____/_____

_____

Mother's Name _____ Phone (_____) _____-_____

Address _____

Employer's Name _____ Phone (_____) _____-_____

Father's Name _____ Phone (_____) _____-_____

Address _____

Employer's Name _____ Phone (_____) _____-_____