

## Application for Admission 2019-2020

For Office Use: Completed Application	_ Student Visit	Parent Visit	Records
Please sign and return this capplication fee (cash or checemailed. Date of completed status. Special consideration enrolled siblings at BCEMS agiven preferential considera Child Development Center value.	ck payable to Berry ( application can be a n is given to maintai and students with pa ation. Students who a will receive preferent	College). Applications no significant factor in de notation of classroom balance. Some serry College currently enrolled a	nay be mailed or etermining admission tudents with currently ollege employees will be at the Berry College
Student Applicant Inform	nation		
Full Legal Name:			
Preferred Name:			
Entrance Date Preferred:		Entrance Grade Pre	ferred:
Home Address:			
City, State, Zip Code:			
Date of Birth:		Birthplace:	
Applicant's Most Proficient Langua	ıge:		
Language Spoken at Home:			
School District of Applicant's Resid	ence:		
County of Applicant's Residence: _			

## Parent/Guardian Information

Parent/Guardian 1:			
Home Address:			
Cell Phone:	Work Phone:		
Email Address:	Email Address:		
Occupation:	Relationship to Applicant:		
Parent/Guardian 2:			
Home Address:			
Cell Phone:	_ Work Phone:		
Email Address:	Email Address:		
Occupation:	Relationship to Applicant:		
Student Applicant resides with:			
Parent/Guardian(s) accepting financial responsibility:			
Name of Sibling:	Date of Birth:		
Name of Sibling:	Date of Birth:		
Name of Sibling:	Date of Birth:		
Additional Information			
Please check all that apply:			
Applicant's sibling(s) are currently enrolled at BCEMS.			
Applicant's parent(s) are currently emplo	oyed by Berry College.		
Applicant is currently enrolled at Berry C	ollege's Child Development Center.		

Please provide BCEMS personnel with any additional information that would be helpful to us in meeting the student applicant's needs (allergies, medications, medical history, family history, behavioral issues, levelopmental history, etc.):	
student applicant's needs (allergies, medications, medical history, family history, behavioral issues,	
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BCEMS admits students of any race, creed, color, sex, age, religion, national and ethnic origin, or qualified handicap to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. BCEMS does not discriminate on the basis of race, creed, color, sex, age, religion, national or ethnic origin, or qualified handicap in administration of its educational and admission policies.

## Student Applicant History

Current School:
Dates Attended:
Previous School:
Dates Attended:
Previous School:
Dates Attended:
Has the student applicant ever been referred for and/or received psycho-educational testing or medical diagnoses?
Yes NoIf Yes, please provide a copy of reports and contact information with application.
Has the student applicant ever been recommended to receive, or has the student applicant ever received intervention services related to development and/or learning?
YesNo If Yes, please provide a copy of reports and contact information with application.
Does the student applicant have a disciplinary record? Yes No  If Yes, please provide a copy of the student's disciplinary record and contact information.
If your child is accepted into our program, do you agree to provide detailed information about your child over an extended period of time? Yes No
Do you intend to apply for need-based financial aid? Yes No  If Yes, information about need-based financial aid and a BCEMS Financial Aid Eligibility form will be sent to you. Date of completed application for financial aid is very important.
Your signature below attests to the truth and honesty of all information provided on this application. False statements by guardians/parents on this application and/or financial aid application can result in deenrollment with full payment of tuition contract required.
A non-refundable Application Fee of \$25.00 is required with the filing of this application. Please make checks payable to Berry College Elementary & Middle School.
Signature of Parent/Guardian:
Signature of Parent/Guardian:
Date of Application:
Applications may be mailed to: Berry College Elementary & Middle School

P.O. Box 247

Mount Berry, Georgia 30149