



*Blue Ridge
Educational Center
Unlocking Learning Potential*

2022-2023 APPLICATION FOR ADMISSION

Student's Full Name: _____ Nickname: _____

Age: _____ Current Grade: _____ Date of Birth: ____/____/____

Home Address: _____

Street

City

Gender: _____

State

Zip

Home Phone () _____ Other Phone () _____

Applicant's Cell () _____ Email Address: _____

Have you ever attended BREC? Yes No If yes, when? _____

Referral Source: _____ Phone # () _____

Does the applicant have an IEP, IIP or 504 Plan? ___ yes (if yes, please attach) ___ no

HOUSEHOLD (parent/guardian living with applicant)

Married

Divorced

Separated

Single Parent

Guardian #1 Name: _____

Guardian #2 Name: _____

Relation to applicant: _____

Relation to applicant: _____

is an emergency contact

is an emergency contact

is financially responsible

is financially responsible

Cell: () _____

Cell: () _____

Work: () _____

Work: () _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Private Paying Applicants: Are you applying for financial aid? Yes* No

***Please Fill Out Financial Aide Application**

Sibling Information:

Name: _____

Age: _____ Current Grade: _____

Name: _____

Age: _____ Current Grade: _____

Name: _____

Age: _____ Current Grade: _____

Name: _____

Age: _____ Current Grade: _____

Why do you wish for your student to attend BREC?

Describe your student's strengths and weaknesses:

APPLICANT'S CURRICULAR & EXTRACURRICULAR INTERESTS

In what subjects has your student excelled/prefer? _____

What subjects does your student find most challenging? _____

Is your student interested in attending college? If so, which one(s):

Is your student considering a vocation? If so, which field?

Does your student play a musical instrument? If so, please list: _____

In what activities/sports/interests does your student participate (school & after-school)?

Is there any additional information that you would like to provide about your student?

ACADEMIC & CONDUCT INFORMATION

Applicant's Current Grade: _____

Current School: _____

School Phone: () _____

Case Manager: _____

Previous Schools Attended:

Student ID# (required): _____

Name	City/State	Grade(s)	Year(s)
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Name	City/State	Grade(s)	Year(s)
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As a student at BREC, the applicant must comply with our standards of conduct. BREC prohibits the possession and/or use of any substance which could become addictive, including, alcohol, tobacco, or other drugs. BREC also forbids illicit sexual activity and requires compliance with a code of conduct (found in the Student Registration Packet).

1. In view of the above, is there any reason to anticipate the applicant will have difficulty complying with our standards of conduct? Yes No

2. Has the applicant ever been suspended or dismissed from school? Yes No
If yes, please describe:

3. Has the applicant ever undergone any educational, psychological, behavioral or chemical dependency evaluations? Yes (if yes, please include most recent evaluation) No
If yes, please describe:

Please submit a copy of the applicant's most recent results/evaluation

4. Has the applicant ever been hospitalized for mental health, behavioral or emotional reasons (including residential placement)? Yes No
If yes, please describe:

5. Has the applicant been involved with law enforcement authorities or have/had any legal charges?
 Yes No

If yes, please describe:

6. Is the applicant currently taking any medications? Yes No

If yes, please provide name(s), current dosage and reason:

7. Please describe any illnesses, diseases, or physical/emotional disabilities which may have affected or affect your child's health, school work or participation in activities:

8. Please describe any circumstances or recent changes in the applicant's life that you feel are significant (i.e. family relocation, divorce, separation, loss, etc.):

9. Applicant's diagnosis (if applicable):

Primary Physician: _____ Phone () _____

Additional Treatment Providers:

Name: _____ Phone () _____

Name: _____ Phone () _____

Name: _____ Phone () _____

10. Is your child currently receiving counseling or therapy? Yes No

If yes, please list the provider(s) name(s) & contact information above.

I hereby acknowledge and represent that the information in the application is true, correct and complete to the best of my knowledge.

Parent Signature: _____

Date: _____

Office Use Only:

Date Submitted: _____ Reviewed by: _____

Request for financial aid? Yes No

Applicant accepted for enrollment? Yes No Approximate Start Date: _____

