Blue Ridge
Educational Center
Unlocking Learning Potential

2019-2020 APPLICATION FOR ADMISSION

Student's Full Name: _____   Nickname: _____

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

Home Address: _____
                         Street   City

_____   ☐ Male   ☐Female
      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

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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: _____

Employer: _____   Employer: _____

Business Address: _____   Business Address: _____
_____   _____

Private Paying Applicants: Are you applying for financial aid? ☐ Yes*   ☐ No
*Please Fill Out Financial Aide Application

Sibling Information:

Name: _____   Name: _____
Age: _____   Current Grade: ____   Age: _____   Current Grade: _____

Name: _____   Name: _____
Age: _____   Current Grade: ____   Age: _____   Current Grade: _____

Why do you wish for your child to attend BREC?
_____
_____

Describe your child's academic and social strengths and weaknesses:
_____
_____
_____
_____

APPLICANT'S CURRICULAR & EXTRACURRICULAR INTERESTS

In what subjects has your child excelled/prefer? _____

What subjects does your child find most challenging? _____

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

What profession or vocation is your child considering?
_____

Has your child received any awards or achievements?
_____

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

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

_____
_____
_____

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

_____
_____
_____

ACADEMIC & CONDUCT INFORMATION

Applicant's Current Grade: _____   Current School: _____

Phone: (   ) _____   Case Manager: _____

Previous Schools Attended: **Student ID# (required): _____**

_____
Name   City/State   Grade(s)   Year(s)

_____
Name   City/State   Grade(s)   Year(s)

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:

_____
_____
_____
<u>Please submit a copy of the applicant's most recent results/evaluation</u>

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 (   ) _____
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.

11. BREC contracts with Quiet Mind Psychotherapeutic Services to provide on-site counseling and group psychotherapy services. If you consent to have a clinician have contact with your child please check the appropriate box below:

☐ Yes, I give my permission for a clinician from Quiet Mind to have contact with my child and provide intervention as necessary.

☐ No, I do not want my child to have access to additional supports from a clinician from Quiet Mind.

Signature: _____   Date: _____

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: _____