



**BRIGHTER HORIZON SCHOOL OF BATON ROUGE**

1896 Wooddale Blvd.  
 Baton Rouge, LA 70806  
 Phone: 225-927-2521  
 Email: Principal@brighterhorizon.net

**FOR OFFICE USE ONLY:**

DATE SUBMITTED: \_\_\_\_\_  
 IMMUNIZATIONS: \_\_\_\_\_  
 BHS T/A: \_\_\_\_\_  
 GRANT: \_\_\_\_\_  
 TITLE I: \_\_\_\_\_  
 RACE: \_\_\_\_\_  
 PVTY LEVEL: \_\_\_\_\_  
 ESL: \_\_\_\_\_  
 D/B COMPLETE: \_\_\_\_\_

**2018-2019 APPLICATION FORM  
 KINDERGARTEN TO HIGH SCHOOL FULL TIME ENROLLMENT**

STUDENT INFORMATION					
Student First name:		Middle	Last	Student status (circle one) Returning / New Student	
Social Security No	Birth date: M/D/Y / /		Age on 9/30/18	Grade on 2018-2019:	
Street address:			Apt/No:	Home phone #:	
P.O. box:		City:		State:	ZIP Code:
Ethnic origin: (circle one)	Black/African American	European/White	Middle Eastern	Asian/Far East	Other: _____
PARENTAL INFORMATION					
Father/Guardian First name		Middle	Last	Email	
Cell phone		Work phone		Occupation	
Please indicate education (circle one)	Some High school	High school graduate or GED		College/ Associate degree	Graduate (Master/Doctoral)
Ethnic origin: (circle one)	Black/African American	European/White	Middle Eastern	Asian	Other: _____
Mother/Guardian First name:		Middle	Last	Email	
Cell phone		Work phone		Occupation	
Please indicate education (circle one)	Some High School	High School graduate or GED		College/ Associate degree	Graduate (Master/Doctoral)
Ethnic origin: (circle one)	Black/African American	European/White	Middle Eastern	Asian	Other: _____

Brighter Horizon School does not and shall not discriminate on the basis of race, color, religion (creed), gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

### STUDENT HEALTH INFORMATION

Indicate if your child has any of the following health condition

ADD/DHD (       )	Asthma (       )	Migraine (       )	Diabetes (       )	Hearing/ vision (       )
Allergy	Food :	Sting :	Other :	

If you checked any of the boxes above, or if your child has medical conditions not listed, please explain (including specific food, medication or other serious allergies and reactions)

*It may be necessary for school personnel to apply topical first aid medications such as: anti-itch cream, antibiotic ointment, tooth pain gel, saline eye drops. If you do not want your child to receive these services enter "no" on the line following. Otherwise it is understood that you are giving permission for school personnel to apply first aid medications. \_\_\_\_\_ I, the undersigned, do hereby authorize officials of the BHS to contact alternative adults and Physicians listed. I authorize the school nurse, or trained personnel, to render treatment deemed necessary in case of an emergency. I authorize medical information to be shared with appropriate personnel. I will not hold BHS financially responsible for the emergency care and/or transportation of said child*

Signature Of Parents: \_\_\_\_\_

### HOME LANGUAGE INFORMATION

Student first language	English	Arabic	Spanish	Urdu	Other: _____
Language speak	English	Arabic	Spanish	Urdu	Other: _____
The most language speak by adults at home	English	Arabic	Spanish	Urdu	Other: _____

What country was your child born:

**If not born in US**

Date of Arrival:

First date entered the school in US :

### IN CASE OF EMERGENCY

Person to contact:	Relationship to student:	Work phone no.:
--------------------	--------------------------	-----------------

*The above information is true;*

\_\_\_\_\_  
*Parent /Guardian signature*

\_\_\_\_\_  
*Date*

**Release of student information**

*The school does not release information or records concerning your child to non-educational organization or individual's without your consent. There are a few organization associated with BHS such PTO which continuing need from name and address of student they represent. This also serves as a release to use your child picture image on the school information and website*

**Your consent is required for release of such information: Please initial here \_\_\_\_\_**

---

*I hereby place my confidence in the ability of the administration and Staff of Brighter Horizon School to perform the educational function due to my student at their discretion. I agree to accept all regulation of school on all regulation of the school on the applicant behalf and authorize BHS to employ such discipline, as it deems wise and expedient for my child/ren. I realize that occasionally child/ren may take an issue with action that they do not agree with and that they are prone to take teacher criticism out of context. I pledge that if this should occur, I will seek to clarify the matter with the teacher and the principal first. If necessary I will correct my child and will support the school personnel. I will follow the procedure for any school incident.*

**Initial** \_\_\_\_\_

**Date:** \_\_\_\_\_

*I pledge to build a strong to build a strong relation with my child/ren teacher and aid the training of my child/ren by providing an Islamic example at home, supporting the spiritual training at school, following through with any assignment or slips to be signed, ensuring my child/ren arrives at school on time, sending in written excuses from absence or tardiness, teaching my child/ren to respect school property and attending all event/meeting for parent. I agree to comply with school procedure and policies as may be amended from time to time.*

**Initial:** \_\_\_\_\_

**Date:** \_\_\_\_\_