



Child's Name _____

Brinkley Heights Urban Academy

3260 Macon Road, Memphis, TN 38122 901.324.3022 901.327.0986 fax
www.bhua.org

Mission Statement: *The mission of Brinkley Heights Urban Academy is to intervene in the lives of at risk children and youth by providing a high quality individualized Christian education that promotes academic, physical, social, emotional and spiritual growth.*

PK-12th Grade New Student Enrollment Checklist

GRADE STUDENT ENTERING FOR THE 2020-2021 SCHOOL YEAR

Student Name: _____ Grade: _____

Required for all students attending Brinkley Heights Urban Academy School Year 2020-2021.

1. _____ Completed and Signed Application (a separate application is necessary for each child enrolling at the school)
2. _____ Signed Parent involvement contract.
3. _____ Original Student's Social Security Card (a copy will be made at the school and immediately returned)
4. _____ Original Birth Certificate (a copy will be made at the school and immediately returned)
5. _____ Properly completed TN Health Form with proof of physical examination.
6. _____ Completed and Signed Financial Aid Request Form with necessary documents

BHUA Office use only:

Date rec'd _____

Initials _____

BRINKLEY HEIGHTS URBAN ACADEMY
APPLICATION FOR ADMISSION

PLEASE READ AND SIGN THESE APPLICATION PROCEDURES AND ENROLLMENT POLICY.

APPLICATION PROCEDURE

1. Parents submit a completed, signed application and financial aid form.
2. In accordance with Memphis and Shelby County laws, a satisfactory health record must be on file before a student can enter classes.
3. Bring in an official copy of the child's birth certificate and Social Security Card. A copy will be made and placed in the child's file and the originals will be returned immediately.

ENROLLMENT POLICY

Brinkley Heights Urban Academy will offer a written contract to qualified candidates for whom space exists. Enrollment is considered complete upon your return of the signed contract and registration fee. Brinkley Heights Urban Academy admits and welcomes qualified girls and boys of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities of our school.

1. Parent needs to sign a Parent Involvement Contract.
2. A student is offered a place for the following year if:
 - a. The student meets the age-requirement per grade.
 - b. The student meets the academic and behavioral standards of the school.
 - c. Sufficient space is available for the child. Our class sizes are limited to 10 students in most grades.
 - d. The school meets the 80% Free & Reduced Breakfast/Lunch guidelines.
 - e. The student's fees have been paid.
 - f. Parents have agreed to the enrollment contract(s).
 - g. Parents agree to attend the "Beginning of the Year Parent Orientation Meeting".

I understand and agree to the procedures for admission outlined above.

Signed: _____
Parent or Guardian Date

Please print name here: _____ Student's Name: _____

Address: _____ Telephone: _____
Street City Zip

Brinkley Heights Urban Academy admits students of any race, color, creed, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Brinkley Heights Urban Academy does not discriminate on the basis of race, color, creed, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, feeding programs administered by the US Dept. of Agriculture, athletic and other school administered programs.



Annual tuition for all students enrolled in Pre-K 4 through 12th grade is \$7,500.

Registration Fee	\$250.00
Technology and Book Fee	\$600.00
Class Fee	\$50.00
Tuition	\$6,600.00
Total	\$7,500.00

Tuition Payment Plans and Financial Aid are available.

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Application for Admission

Please complete one separate application for each student, and please print or type.

Application Date _____

Home Phone # _____

Emergency Contact _____

Phone # _____

Name- other than Parent or Guardian

*** For the safety of your child, all emergency Contact information must be kept current

1. Child's Name _____
Last Name First Name Middle Name Name Preferred Gender (Male or Female)

Child's Address _____
Street Number & Name City State Zip

Child's Date of Birth _____ Child's Social Security Number _____

Child's Place of Birth _____
City State Country of Citizenship

2. With whom does student live as a permanent resident?

Both Parents Mother Only Father Only Mother & Stepfather Father & Stepmother Guardian (proof of guardianship required)

3. Please check if parents are: Married Divorced Separated Single

If divorced, who has legal custody? _____

4. Person financially responsible for student's tuition and fees, if other than parent or guardian:

Name Address City State Zip Phone Number

5. How would you describe your child?

African American Latino/Hispanic White/Caucasian Multi-racial Other _____

6. How did you hear about Brinkley Heights Urban Academy?

7. Why do you want your child to attend Brinkley Heights Urban Academy?

8. Does your family have a computer in the home? Yes / No Internet? Yes / No Email Address: _____

9. Schools previously attended by the child (if applicable):

1.	_____	_____	_____	_____
	Current School	City	State	Year(s)
2.	_____	_____	_____	_____
	Previous School	City	State	Year(s)
3.	_____	_____	_____	_____
	Previous School	City	State	Year(s)

10. Father's Name _____
Last Name First Name Middle Name

Father's Address _____
Street Number & Name City State Zip

_____ Father's Home Phone Number Father's Work Phone Number Father's Cell Phone Number

_____ Father's Occupation Place of Employment Work Address

Number of work hours per week: _____ What days of the week does he work? _____

11. Mother's Name _____
Last Name First Name Middle Name

Mother's Address _____
Street Number & Name City State Zip

_____ Mother's Home Phone Number Mother's Work Phone Number Mother's Cell Phone Number

_____ Mother's Occupation Place of Employment Work Address

Number of work hours per week: _____ What days of the week does she work? _____

12. Guardian's Name (If applicable, to be completed by the person who has legal custody of the child other than parent)

_____ Last Name First Name Middle Name

Guardian's Address _____
 Street Number & Name City State Zip

Guardian's Home Phone Number Guardian's Work Phone Number Guardian's Cell Phone Number

Guardian's Occupation Place of Employment Work Address

Number of work hours per week: _____ What days of the week does he/she work? _____

13. Family History (Please list siblings and ages:)

Name: _____ Age: _____ School: _____ Grade _____
 Name: _____ Age: _____ School: _____ Grade _____
 Name: _____ Age: _____ School: _____ Grade _____

Who does child reside with including all members in the household? (Ex. siblings, stepparents, grandparents,)

 _____:

Has your child been diagnosed with any of the following...

Developmental Delays YES / NO Explain: _____

Speech and Language Problems YES / NO Explain: _____

Learning Difficulties YES / NO Explain: _____

14. Medical History: *We must have the child's current shot record on file.**

Physician's Name: _____ Phone: _____ Date of last check-up? _____

How would you describe your child's health? EXCELLENT GOOD FAIR POOR

Has your child had a history of the following? If none describes your child, please write NA.

Ailment	How Often	Describe Treatment	Explanation if Needed
Ear Infections			
Allergies			
Chronic Colds			
High Fevers			
Seizures			
Head Injuries			
Respiratory Illnesses			
Serious Illnesses			
Surgeries			
Hospitalizations			

List any medications your child is currently taking _____

Does your child have any food allergies? _____ If yes, please attach a doctor's statement indicating that your child is allergic to the stated foods.

If I cannot be reached for confirmation, Brinkley Heights Urban Academy has my permission to give my child chewable children's Tylenol if needed for fever or a headache, using the instructions per age/weight on bottle.

Signature

Date

15. Church

Are you associated with a specific Church? _____ Name of Pastor _____
Name of Church: _____
Address: _____ City _____ State _____ Zip _____

16. Educational History

Is your child currently attending a *PRE-SCHOOL* program? YES /NO Where? _____
How often does your child attend this program? _____
Has your child attended a *PRE-SCHOOL* program in the past? YES /NO
Where? _____ When? _____
How often did your child attend this program? _____
Is your child currently receiving *CHILD CARE* from someone other than parents? YES /NO
If YES: Is your child attending: HOME DAY CARE / DAY CARE FACILITY
How often does your child receive child care? _____

Child Care Provider's Name: _____ Phone: _____

17. Evaluations

Has your child ever received the following:

Speech and Language Evaluation YES /NO Where? _____ When? _____
Results: _____

Speech and Language Therapy YES /NO Where? _____ When? _____
Results: _____

Hearing Evaluation YES /NO Where? _____ When? _____
Results: _____

Vision Evaluation YES /NO Where? _____ When? _____
Results: _____

Developmental Screening/Evaluation YES /NO Where? _____ When? _____
Results: _____

Psychological Evaluation YES /NO Where? _____ When? _____
Results: _____

Occupational Therapy YES /NO Where? _____ When? _____

Physical Therapy YES /NO Where? _____ When? _____

Any other evaluations or services your child has received? _____

Contact Information Form

Child Release Information

The following people are authorized to pick up _____ from Brinkley Heights Urban Academy.
 (Print child's name)

Name	Relation to Child	Home Phone	Work/Cell Phone

If any other person is asked by me to pick up my child, I will notify the office of Brinkley Heights Urban Academy in writing prior to that day's dismissal. I will be sure the person picking up my child brings proper identification to show the staff.

Emergency Information

In the event of an emergency when I cannot be reached, the following person(s) named below is authorized to act on my behalf regarding the welfare of my child, _____.
 Name of Child (Please Print)

Name of adult person authorized to act for parent in emergency situations when the parent cannot be reached

Adult's Name	Relation to Child	Address	City	State	Zip	Home Phone

Emergency Treatment Release Form

In case of an emergency, I hereby authorize Brinkley Heights Urban Academy to transport my child, _____ to seek proper medical care. I also authorize the doctor or hospital to treat my child in the event of an emergency.

Parent's Signature _____ Date _____

PARENT'S AUTHORIZATION

FIELD TRIP PERMISSION

My child, _____, has my permission to go on any Field Trip(s) conducted by staff members of Brinkley Heights Urban Academy. I release Brinkley Heights Urban Academy of all responsibility other than reasonable care. We will take trips by walking or riding (bus, van, or car).

Parent's Signature

Date

ACTIVITIES PERMISSION

My child, _____, has my permission to take part in physical activities at Brinkley Heights Urban Academy. I release Brinkley Heights Urban Academy and its employees, exercising reasonable care, from liability for injuries resulting from or occurring during these activities.

Parent's Signature

Date

PHOTOGRAPH PERMISSION

I give permission to have pictures taken of my child, _____, for publicity, school records, and/or school activities.

Parent's Signature

Date

VISION/HEARING/SPEECH SCREENING PERMISSION

My child, _____, has my permission to have vision, hearing and speech screenings at Brinkley Heights Urban Academy. The results of those screenings will be sent to me for any necessary follow up.

Parent's Signature

Date

*****The above permissions will remain in effect for every year at Brinkley Heights Urban Academy unless revoked in writing.**

Parental Involvement Contract

I _____ have read and understand the financial obligation for tuition payment to Brinkley Heights Urban Academy. I agree to pay all fees and tuition associated with my child's enrollment in the academy. I understand that I may earn points (BHUA Buck\$) by being involved in the school. I understand that I have to attend all mandatory meetings.

Student Name (print)

Parent Name (print)

Date

Parent Signature

BHUA Witness

Financial Aid Form

Parent/Guardian's Name _____ Parent's SSN _____
 Student Name _____ Date of Birth _____ Grade _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Family Annual Income Verification:

INCOME SOURCE	Father's Income	Mother's Income	TOTAL
2019 IRS Form 1040 (Adjusted Gross Income)			
Total AFDC Payments in 2019			
Total Food Stamp Payments in 2019			
Total SSI Payments in 2019			
Total Sect. 8 Rent Assist.in 2019			
Total Child Support Payments in 2019			
TOTAL INCOME			

The BHUA Annual Tuition for 2020-2021 is \$7,500. The amount of tuition that you are responsible to pay is based upon your Family Annual Income and the Financial Aid provided by the school. **You must verify your income in order to qualify for Financial Aid.** The income documents listed below are required to verify your income.

This Form will not be accepted without proof of your income!

Place a check mark next to the items below and attach the required document to this form. If an item does not apply to you write "N/A" in the blank.

_____ Please attach a copy of your signed 2019 Federal 1040 Tax Return
 For a free copy of your 1040 call the IRS at 1-800-829-1040.

_____ Please attach a copy of your W2's that you received from your employer.

_____ Please attach a copy of your AFDC printout that shows all payments you received in 2019.

_____ Please attach a copy of your Food Stamp printout that shows all payments you received in 2019.

_____ Please attach a copy of your SSI printout that shows all payments you received in 2019. Your case worker can print this out for you.

_____ Please attach a copy of your Sect. 8 printout that shows the amount of housing assistance you received in 2019.

_____ Please attach court documents that show amount of child support you receive or have person making support payments sign a statement of how much and how often he/she pays.

I certify that all information provided on this form is true and complete. If I receive financial aid, I promise to pay my portion of my child's tuition in a timely manner, ensure at least 90% attendance, and comply with all school policies. I understand that failure to comply with the above statements will result in the loss of my child's financial aid. I also give permission for BHUA to release information about my child's grades and test scores to any agency authorized by BHUA for the purpose of conducting evaluations of this program. Finally, I agree to release BHUA from any liability in its efforts to provide this financial aid.

Parent/Guardian's Signature _____ Date _____

BHUA BUCK\$

PARENTS MAY EARN POINTS (BHUA BUCK\$) BY BEING INVOLVED IN THE SCHOOL. PARENTS MAY USE THEIR BHUA BUCK\$ TO SHOP IN OUR SCHOOL STORE. SEE THE LIST BELOW FOR WAYS TO EARN BHUA BUCK\$!

<u>Involvement Activity</u>	<u>BHUA BUCK\$ Awarded</u>	
Parents attend Parent/Teacher Conferences requested by teachers.	10	Per Conference
Parents Volunteer at BHUA <ul style="list-style-type: none">• Classroom Volunteer• Lunch Volunteer• Traffic Safety Volunteer• School Cleanliness Volunteer	10	Per Hour
Parents attend monthly Parents Night Meeting (All of BHUA's Parents meet together)	10	Per Monthly Mtg.
Parent attends Special Program	10	Per Parent-Per Program