

STUDENT INFORMATION:		
		___ New Student ___ Returning Student
Last Name	First Name	Middle Name
Date of Birth / /	Current Grade Level	I can attend either session. ___ yes ___ no
Preferred Session: ___ a.m. ___ p.m.		
Mailing Address	City/Zip Code	Home Phone
Home Address (if different from mailing)	City/Zip Code	Student Cell #

Current School District: (ex: Glen Rose ISD)	
Student Lives With:	
Name	Address
Cell Phone #	Relationship to student

PARENT/GUARDIAN INFORMATION			
Father's Name:		Mother's Name:	
Cell Phone #		Cell Phone #	
Address:		Address:	
Email address:		Email address:	

Does the applicant have a sibling who is applying to this school? ___yes ___no

If yes, Name of Sibling: _____

Notice of Non-Discrimination: BRCS will prohibit discrimination in admission policy on the basis of sex, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend in accordance with this code, although the charter may provide for the exclusion of a student who has a documented history of a criminal offense, a juvenile court adjudication, or discipline problems under Subchapter A, Chapter 37. TEC § 12.111(6).

Parent/Guardian Signature _____ Today's Date _____
 (Lottery Number, If Applicable: _____)