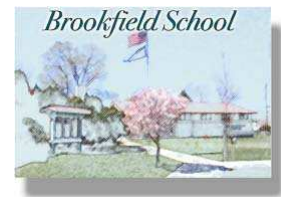


# BROOKFIELD SCHOOL - APPLICATION FOR ADMISSION



TLC CAMPUS PRESCHOOL	<input type="checkbox"/> 5 Days M- F <input type="checkbox"/> 3 Days _____ <input type="checkbox"/> 2 Days _____	<input type="checkbox"/> Morning Care 7:30 – 9:00 am <input type="checkbox"/> Half Days AM 9 – Noon <input type="checkbox"/> Half Days PM 12 – 3 pm <input type="checkbox"/> Full Days 9 – 3 pm <input type="checkbox"/> After Care 3:00 – 6:00 pm
MAIN CAMPUS ELEMENTARY/MIDDLE	Grade Entering: _____	<input type="checkbox"/> Morning Care 7:30 – 9:00 am <input type="checkbox"/> After Care 3:00 – 6:00 pm

<b>Candidate's Name:</b>		<b>Today's Date:</b>
		<b>Enroll Date:</b>
<b>Date of Birth:</b>	<b>Current grade:</b>	<b>Age:</b>
<b>We are interested in private school education for the following grades:</b> (Circle all that apply) PS PK P1 1 2 3 4 5 6 7 8		<b>Male/Female</b> (circle)
<b>Last School Attended and Teachers Name:</b>		
<b>Father's or Family Name student lives with:</b>		<b>Hm PH:</b>
<b>Students Permanent Address:</b>		
<b>City, State ZIP:</b>		<b>Cell PH:</b>
<b>Occupation &amp; Place of Employment:</b>		<b>Work PH:</b>
<b>Father or Mother's Name:</b>		<b>Hm PH:</b>
<b>Address:</b>		
<b>City, State ZIP:</b>		<b>Cell PH:</b>
<b>Occupation &amp; Place of Employment:</b>		<b>Work PH:</b>
<b>Please indicate preferred mailing address for billing and school related materials:</b>		
<b>Please indicate any email address(es) school information would be received:</b>		

Father's Signature

Mother's Signature

Date (Over >>)

# BROOKFIELD SCHOOL - APPLICATION FOR ADMISSION

Help us get to know your child.

<b>Student Name and Preferred Name:</b>
<b>Interests and achievements (Please describe if applicable. Preschool candidates need not complete this question):</b>
<b>Academic:</b>
<b>Athletic:</b>
<b>Artistic:</b>
<b>Musical:</b>
<b>Other:</b>
<b>Relatives or friends who have attended or are attending Brookfield:</b>
<b>Favorite Subjects:</b>
<b>Subjects that special help may be needed?</b>
<b>Has the applicant been on probation, suspended, dismissed or withdrawn from any school? ___ Yes ___ No</b> <b>If so please attach statement giving the name of the school and relevant details.</b>
<b>Any information you would like Brookfield School to know about the applicant:</b>
<b>How did you hear of Brookfield School (TV, Radio, WEB, word of mouth, etc):</b>
<b>Comments:</b>

Brookfield School welcomes all applications for enrollment. The applications are accepted without regard to race, religion, gender, or national origin. It does not discriminate on the basis of race, color, disability, and national and ethnic origin in administration of its educational policies, scholarship programs, and any other school administered program. No religious doctrine is taught, we do stress ethical behavior and personal integrity.

Brookfield School: 6800 S. McCarran Blvd., Reno, NV 89509 Ph: (775) 825-0257 Fax:(775) 825-3463 email:brookfield@gbis.com  
Brookfield TLC: 185 Redfield Parkway, Reno, NV 89509 Ph: (775) 825-3003 Fax:(775) 825-3003 email:Brookfield@gbis.com  
www.brookfieldschool.com