



# Beacon Hill Preparatory School

18001 North West 22nd Avenue • Miami, Florida 33056 • (305) 624-1600

## SCHOOL ENROLLMENT APPLICATION

Child's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Beeper #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Beeper #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

S.S. #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Person's Permitted to Remove Child: \_\_\_\_\_

If Parents Are Divorced, Who Has Legal Custody? Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Emergency Contact People (other than Parents):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previously Attended School: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

**Credit Policy:** No credit given for any absence for grades K-8. **Gems, Preschool and Jr. Kindergarten:** After the first five consecutive days of absence, if illness continues, a credit of 50% will be given for each consecutive day thereafter. *Doctor's Note Required.*

**Registration Fee** (non-refundable) must accompany this form. **Report Cards/Transcripts** will not be issued until all accounts are paid in full. A late charge of 18% of \$25.00 minimum will be applied to any unpaid balance after 28 days. Person responsible for fees will pay any and all collection and/or attorney fees for any unpaid balance.

**Beacon Hill School has my permission to take my child on all field trips.**

**Signature of Person Responsible for Fees:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICIAL USE ONLY

Starting Date: \_\_\_\_\_ Program: \_\_\_\_\_ Room#: \_\_\_\_\_ Lunch: \_\_\_\_\_ T/AM: \_\_\_\_\_ 3:15: \_\_\_\_\_ 4:45: \_\_\_\_\_