



# STUDENT ENROLLMENT APPLICATION

**Brighter Days Academy Inc.**  
"Creating A Brighter Future For Today's Youth!"

## Brighter Days Academy Inc.

91 Food Lion Rd. Scotland Neck, N.C. 27874

Phone: (252) 678-4648

Enrollment Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Last

First

Middle (If Applicable)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Last 4 of Social: \_\_\_\_\_

Gender: Male Female (Please Circle One)

County/City of Birth: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Father

Mother

Current Grade: \_\_\_\_\_

Was this student held back for any reason? YES NO (Please Circle One)

If yes, what is the student's accurate grade? \_\_\_\_\_

Student live with: Father Mother Both Parents (Please Circle One)

If answer is not both parents, which parent will be transporting the student? \_\_\_\_\_

Is student applying for Virtual Learning or In-Person (Classroom) Learning? \_\_\_\_\_

Signature of Parent(s)/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

FOR IN-PERSON STUDENTS)

### **FOR OFFICE USE ONLY**

Records Received? Immunization:  Scholastic:

Academic Year: \_\_\_\_\_ Signature of School Official: \_\_\_\_\_

Application Date: \_\_\_\_\_ Title: \_\_\_\_\_

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## Emergency Contact Information Form

Person To Contact in case of emergency:

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Person To Contact in case of Early Release:

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Does the student have any known allergies? YES ( ) NO ( )

If yes, what are they?

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Does the student have any illnesses? YES ( ) NO ( )

If yes, what are they?

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Does the student prescribed any medications? YES ( ) NO ( )

If yes, what are they and what are the dosage instructions?

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