

Bright Scholars University
Las Vegas, Nevada 89149
725-212-5166 Business
drjaimarie@brightscholarsuniversity.org
School Year 2020-2021

Date: _____

Child's Name: _____ Current Grade Level: _____

Student's DOB: _____ Student's Age: _____

Parent(s)/Guardian(s) Name: _____

Parent's Phone Number(s): _____

Parent's Email(s): _____

Current School (if applicable): _____

Reason for leaving: _____

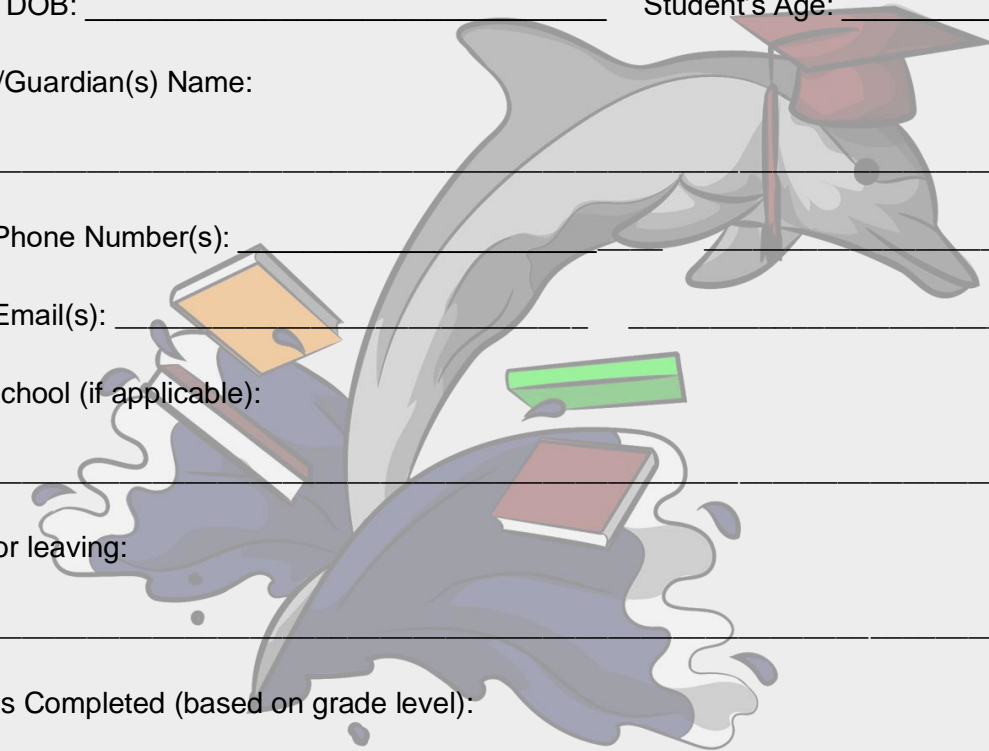
Milestones Completed (based on grade level): _____

Milestones that need work (based on grade level): _____

Optional for Early Learners:

Availability for Assessment Interview (list at least three different days and times):

Parent(s)/Guardian(s) Signature(s):



BRIGHT SCHOLARS
UNIVERSITY