

BRUNSWICK ACADEMY REGISTRATION FORM 2024-2025

Please complete & return this form with an enrollment contract and registration fee.

Father:			
Last Alumni Yes Graduation Year:	First	M.I.	
Address:			
City: State:	Zip:		
County in which you live:			
Cell Phone Number:	Email Address:		
Place of Employment:	Business Ph	one:	
Mother:	First	M.	i.
Alumni Yes Graduation Year:			
Address:			
City: State:	Zip:		
County in which you live:			
Cell Phone Number:	Email Address:		
Place of Employment:	Business Ph	one:	
Names of Students Enrolling/Returning (Oldest first):			
<u>Last:</u> <u>First:</u> <u>Middle:</u>	Date of Birth: Child's	s Age: <u>Grade 23-24</u>	<u>Grade 24-25</u>
School Last Attended:			
Please check on of the following: Monthly Bank Plan* (10 consecutive & equal payments)		Paying Full Amount by June	28, 2024
Semi-Annual Plan – due June 28, 2024 & Jan (5% surcharge on second installment)	uary 31, 2025*	*See Eni	rollment Contract
I have read and understand all tuition information and ag	gree to support the student & p	parent handbook.	
Signature of Parents:			
Father	Mo	ther	Date

^{**}Both natural parents, regardless of custody status, have the right of access to all student records in the absence of a court order to the contrary. Parents or eligible students who wish to have records released to specified individuals or organizations must request the release in writing.