

# **BAYOU ACADEMY**

www.bayouacademy.net

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1291 CROSBY ROAD

P.O. BOX 417

CLEVELAND, MS 38732

## **APPLICATION FOR ADMISSION -GRADES 3K – 12**

**TO BE COMPLETED BY PARENT/GUARDIAN (Please print):**

APPLICANT FOR GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

APPLICANT'S FULL NAME: \_\_\_\_\_

First Middle Last

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

***(Father's information):***

FATHER'S FULL NAME: \_\_\_\_\_

FATHER'S ADDRESS (if different from Applicant): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

HIGH SCHOOL

COLLEGE

DEGREES

*(Mother's information):*

MOTHER'S FULL NAME: \_\_\_\_\_

MOTHER'S ADDRESS (if different from Applicant): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

HIGH SCHOOL

COLLEGE

DEGREES

STUDENT LIVES WITH WHOM: \_\_\_\_\_ Mother & Father \_\_\_\_\_ Mother \_\_\_\_\_ Father

\_\_\_\_\_ Guardian \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother

PLEASE CHECK ANY THAT APPLY: \_\_\_\_\_ Father Deceased \_\_\_\_\_ Mother Deceased

\_\_\_\_\_ Parents Separated \_\_\_\_\_ Parents Divorced

IF PARENTS ARE DIVORCED, WHO HAS LEGAL CUSTODY? \_\_\_\_\_

IF PARENTS ARE SEPARATED OR DIVORCED, TO WHOM SHOULD ADMISSIONS  
CORRESPONDENCE, GRADES, AND OTHER SCHOOL-RELATED INFORMATION BE  
PROVIDED?

\_\_\_\_\_

\_\_\_\_\_

PLEASE INDICATE ANY SPECIAL CONDITIONS OR CIRCUMSTANCES PERTAINING TO THE APPLICANT OF WHICH THE SCHOOL SHOULD BE AWARE. PLEASE INCLUDE IN THIS RESPONSE EMOTIONAL ISSUES AND/OR EDUCATIONAL DIFFICULTIES OR SPECIAL NEEDS (I.E. ADHD, ADD, DEPRESSION, ANXIETY, ETC.) ALSO, PLEASE SET FORTH ANY PHYSICAL OR MEDICAL CONDITIONS SUCH AS ALLERGIES, ASTHMA, DIABETES, SEIZURES, ETC.

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SPECIAL INTERESTS OR TALENTS OF APPLICANT: \_\_\_\_\_

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PLEASE LIST APPLICANT'S SIBLINGS:

Name	Birth date	Age	GradeSchool
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Bayou academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions, athletic, and other school-administered programs.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian