



# BRIARWOOD ACADEMY

## Application for Admission

4859 THOMSON HIGHWAY  
WARRENTON, GA 30828



PHONE: 706-595-5641  
FAX: 706-595-0097

### STUDENT INFORMATION

Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
(Last) (First) (Middle)

Student Lives With \_\_\_\_\_ Relation \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ Sex \_\_\_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_

County of Residence \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father's Name \_\_\_\_\_ Living? Yes  No

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Firm \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living? Yes  No

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Firm \_\_\_\_\_ E-mail \_\_\_\_\_

### MEDICAL INFORMATION

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Physical/Medical Disability: Yes  No  Explain: \_\_\_\_\_

### GRANDPARENTS

Grandparents (names, addresses, phone numbers)

\_\_\_\_\_  
\_\_\_\_\_

### OTHER EMERGENCY CONTACTS

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Answer Yes or No to each of the following: **Explain on the back.**

Has student ever been: In house suspension \_\_\_\_\_ 2. Suspended \_\_\_\_\_ 3. Expelled \_\_\_\_\_ 4. Withdrawn \_\_\_\_\_