



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 _____

How did you hear about Briarwood? _____ Who were you referred by? _____

PARENTS/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: 1. In house suspension _____ 2. Suspended _____ 3. Expelled _____ 4. Withdrawn _____