



Brandon Academy High School



Application Procedure Checklist

Thank you for your interest in Brandon Academy High School. Our admissions process is designed to identify the abilities of our applicants and determine how they will fit into the Brandon Academy community. The application process consists of several parts, all of which must be completed in order for a candidate to receive consideration.

All candidates: This is a checklist given for your convenience

- _____ Application
Parent/Guardian signature required
- _____ Current academic records – 2 years
(report cards and standardized test scores, or an unofficial transcript from the past two years, plus full application) Note: Official records will be requested by BAHS upon registration
- _____ Confidential Recommendation Forms (English, Mathematics)
Fill in the top section then submit directly to the current school. (School will then be able to Mail or scan and send directly to BAHS)
- _____ Application Fee: \$50.00
Check made payable to **Brandon Academy** / Please Identify Student name on check / Fee Includes testing cost if testing is required for admissions

Notification of Acceptance:

Candidates will receive a letter of notification from Brandon Academy within two weeks of submitting all materials. The letter will indicate the acceptance status or advise if additional information on the student is required prior to being evaluated. Registration packets will be included and families will be given a two-week time frame to hold an acceptance spot.

Brandon Academy does not discriminate on the basis of race, color, religious affiliation, sexual orientation, national, or ethnic origin.

Please keep this Document for your own records.

Brandon Academy High School

IB World School

801 Limona Road /Brandon FL 33510

Admissions Application Form

STUDENT INFORMATION:

Application Fee: \$50.00

Applicant's Current Grade _____ Grade Applying For _____

Student's Name:

(Last)

(First)

(Middle)

Student's Address:

(Street)

(City, State)

(Zip)

Date of Birth ____/____/____ Home phone: (____)_____

School presently attending / Address:

Ph# _____

PARENT/GUARDIAN INFORMATION:

Student lives with (please circle): Both Parents Mother Father Guardian _____(Relationship)

Father/Male Guardian _____

(First)

(Last)

Address (if different from the student's) _____

Business Phone: (____)_____ Cell Phone: (____)_____ Email: _____

Mother/Female Guardian _____

(First)

(Last)

Address (if different from the student's) _____

Business Phone: (____)_____ Cell Phone: (____)_____ Email: _____



Student Name _____
(Last) (First)

Does the student have any illness, disease, allergies, physical disabilities, or learning challenges for which accommodations must be made?

___ Yes ___ No

If yes, please describe:

Has your child ever been evaluated for placement in any exceptional education programs?

___ Yes ___ No ___ Gifted Other - Please Name _____

Has your child ever been diagnosed with any type of learning disability? ___ Yes ___ No

Does your child have a student support plan, I.E.P., or 504 plan? ___ Yes ___ No

Has your child ever been involved in any serious behavioral activities requiring disciplinary action such as in or out of school suspension?

___ Yes ___ No

Has your child ever been involved in any criminal activities requiring disciplinary action?

___ Yes ___ No

Please note: If you answer YES to any of the above questions, you must submit the written documentation in order for the application to be processed.

Please notify BAHS immediately if any information contained in this form changes.

I verify that all the information provided on this application for admission to Brandon Academy High School is accurate to the best of my knowledge and understand admissions can be revoked based on inaccurate information.

Parent/Guardian Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____



This Page is to be completed by the prospective student in his/her own handwriting.

Students Name - _____ Date - _____

Please Attach Picture of Student Here -

Why would you like to attend Brandon Academy High School?

What is your favorite subject in school? Why?

Please list extracurricular or community activities in which you participate.
(Please include; Volunteer work, Jobs, Athletics, Hobbies, Etc.)

Do you have any brothers/sisters who are attending or graduated from BA?

Yes ___ No ___ Name _____ Year (graduated or in school) _____

Student Signature: _____ Date: _____



Confidential Recommendation Form

Please print information clearly

To the Parents of the Applicant: Please forward this recommendation form to the appropriate teacher in your child's current school. To ensure a candid assessment of your child's performance, we ask you to sign the waiver statement included below.

I understand that this recommendation is confidential and I hereby waive any rights I may have to review the contents.

Student Name _____

Parents Signature _____ Date _____

Student Signature _____ Date _____

To the Recommender: The student above is applying for admission to **Brandon Academy High School**. Your candid evaluation is invaluable in assisting our Admissions Committee. The recommendation form will be held in strict confidence. Thank you for your cooperation. Please call the Admissions Office at 813-689-1952 if you have any questions.

School: _____ Subject: **ENGLISH**

Teacher: _____ Grade _____

How long have you known the applicant? _____

Is the applicant currently in good academic standing? Yes ___ No ___

If no, please explain: _____

Has the child experienced any significant discipline problems in your class? Yes ___ No ___

If yes, please explain:

Please check the appropriate rating:

	Above Grade level	On Grade Level	Below Grade Level
Academic skill	_____	_____	_____
Motivation & effort	_____	_____	_____
Listening skills	_____	_____	_____
Ability to follow directions	_____	_____	_____
Class participation	_____	_____	_____
Writing skills	_____	_____	_____

I recommend this student: Without reservations ___ With reservations ___ Do Not Recommend _____

Name of Recommender: _____

Signature: _____

We appreciate your time in the completion of this form. Thank you.

Please scan to info@brandon-academy.com or Mail To Brandon Academy Admissions / 801 Limona Road / Brandon FL 33510



www.Brandon-Academy.com



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School: _____ Subject: **MATH**

Teacher: _____ Grade _____

How long have you known the applicant? _____

Is the applicant currently in good academic standing? Yes ____ No ____

If no, please explain: _____

Has the child experienced any significant discipline problems in your class? Yes ____ No ____

If yes, please explain: _____

Please check the appropriate rating:	Above Grade level	On Grade Level	Below Grade Level
Academic skill	_____	_____	_____
Motivation & effort	_____	_____	_____
Listening skills	_____	_____	_____
Ability to follow directions	_____	_____	_____
Class participation	_____	_____	_____
Writing skills	_____	_____	_____

I recommend this student: Without reservations ____ With reservations ____ Do Not Recommend ____

Name of Recommender: _____

Signature: _____

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