New Student Application

Grades 1-8

We are honored that you have chosen Brighton School to inspire and educate your child. Please complete this application and submit to Brighton's office with an application fee of $125 for enrollment consideration.

Admission Process
In order to be considered for admission your child will spend a Discovery Day with us in his/her current grade. During this day we will assess academics and observe your child's interaction in class. We also ask that you provide at least two previous report cards and copies of any standardized tests your child may have taken within the last two years.

We enroll current families in January each year and begin external enrollment February 1st. You may submit your application before February 1st. We will fill open slots in chronological order based on when we received a complete application. The admissions team meets regularly to review applicants whose paperwork and Discovery Days have been completed. Admission decisions are made and shared with families in a timely manner upon review.

Order of procedures

1. Submit application and fee to office
2. Schedule discovery day for your child

A completed application includes:

- ✓ Applicant Information Form
- ✓ Childhood Health History
- ✓ Immunization Form (Washington State Certificate of Immuniuzation Status)
- ✓ Pre-Enrollment Modification Form (Does your child need health or academic modifications to be successful at Brighton? If "Yes," please include documentation from a medical professional regarding what modifications are necessary.)
- ✓ Signed Tuition Agreement
- ✓ Signed Fee Schedule
- ✓ Teacher Recommendation Form
- ✓ Parent Input Form
- ✓ Student Input Form
- ✓ Copies of two most recent report cards (applying to grades 1-8)
- ✓ Standardized test scores if applicable

If you have questions about how to fill out any of these forms please call the office at (425) 640-7067.

Non-Discrimination Policy

Brighton School admits students of all races, color, national and ethnic origin to all the 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 policies, scholarships and financial aid programs, and athletic and other school-administered programs.

Applicant Information

NOBEL LEARNING COMMUNITIES INC.

Student Information

Last Name	First Name	Middle Name	Nickname
Date of Birth	Gender	Home Phone	
Home address			
Name & address of previous school			
Dates attended	Grade or Program Completed		
Does the student live full time with both parents?	If not, please describe custody arrangement & provide documentation.		
Siblings (list name, date of birth and current school)			

Parent/Guardian Information

Name	Relationship to student
Home address	
Mobile phone / Work phone / Home phone	
Email / Driver license # and state	
Employer name & address	

Name	Relationship to student
Home address	
Mobile phone / Work phone / Home phone	
Email / Driver license # and state	
Employer name & address	

©2016 Nobel Learning Communities, Inc.®

Applicant Information

Emergency Contacts & Pickup Authorization

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name			
Authorized to pick up?			
Relationship			
Address			
Phone			
Alt. phone			

Medical Information

Name of Child's Physician	
Physician Address	Physician Phone
List any allergies	

Additional Information

Please use this space for any additional information you wish to share.

Parent/Guardian Signature

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Office Use Only

School #	Tour Date	Start Date	Program / Grade	School Year

©2016 Nobel Learning Communities, Inc.®

SNOHOMISH HEALTH DISTRICT

Childhood Health History

Child's Name:	Sex: ☐Male ☐Femal	Birthdate:	Today's Date:

Child's Health History

Name of Doctor/Clinic:	City/State:	Phone number:

Were there any significant problems during pregnancy or birth? ☐No ☐Yes, Please explain:

Has your child had surgery or been hospitalized? ☐No ☐Yes, Please explain:

Date last seen by a healthcare provider(for reasons other than immunizations):

Medication

Does your child take medication on a regular basis? ☐No ☐Yes, Reason:

Name of medication(s), dosage and when taken:

Has your child had any of the following?

			Age of child or date of incident ▼
Asthma	☐No	☐Yes, describe:	
Other breathing problems	☐No	☐Yes, describe:	
Seizures or other neurological problems	☐No	☐Yes, describe:	
Heart or other cardiovascular problems	☐No	☐Yes, describe:	
Bladder or urinary tract problems	☐No	☐Yes, describe:	
Bowel or other GI problems	☐No	☐Yes, describe:	
Bone or joint problems	☐No	☐Yes, describe:	
Eczema or skin problems	☐No	☐Yes, describe:	
Frequent ear infections or tubes	☐No	☐Yes, describe:	
Other ear, nose or throat problems	☐No	☐Yes, describe:	
Tuberculosis exposure	☐No	☐Yes, describe:	
Chicken Pox or vaccination for such	☐No	☐Yes, describe:	
Diabetes or other endocrine problems	☐No	☐Yes, describe:	
Injury or abuse	☐No	☐Yes, describe:	
Car sickness	☐No	☐Yes, describe:	

Other describe:

Nutrition History

Is there any food or drink that your child should not eat for cultural, religious, personal reasons or medical reasons ***other than allergies***? (Note: use the allergy chart on the next page to list any allergies to food or drink)

☐ **Yes, list below** ☐ ***No, skip to next question***

Name or food/drink:	☐ Cultural	☐ Religious	☐ Personal	☐ Medical/describe:
	☐ Cultural	☐ Religious	☐ Personal	☐ Medical/describe:
	☐ Cultural	☐ Religious	☐ Personal	☐ Medical/describe:
	☐ Cultural	☐ Religious	☐ Personal	☐ Medical/describe:

Does your child have any problems with chewing or swallowing? ☐ No ☐ Yes, Please describe:

Check the box if you have concerns about your child's: ☐ Eating habits ☐ Height ☐ Weight

Please describe:

Allergy History

Does your child have allergies or reactions (including intolerances) to food, medicine, insects, animals or other substances?

☐ ***Yes, please complete chart below*** ☐ ***No – Skip to Dental History***

Allergy Chart

Note: If your child has a food or milk allergy, we must have written documentation of the allergy from the doctor. For milk allergies, the doctor must also name a substitute for the milk.

Do you keep epinephrine (epi-pen) available at home for your child's allergy? ☐ Yes ☐ No

List each allergy or food separately	***Briefly describe child's reaction and/or check symptoms***	***Potential Severe Reaction****	***Doctor/Date of Diagnosis***
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	
	☐ Hives ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	

**** If the allergy has the potential to be severe, the child's health care provider should complete a medical statement and an allergy care plan should be completed.***

Additional information about allergy:

Dental History

Name of dentist:	Date last seen by dentist:	City/State:	Phone number:

How would you rate your child's dental health? ☐ Very good ☐ Somewhat good ☐ Fair ☐ Somewhat bad ☐ Very bad

Has your child ever had an injury to the teeth or gums? ☐ No ☐ Yes, please explain:

Has your child complained about pain in the teeth or gums? ☐ No ☐ Yes

Is there fluoride in the water at your home, or is your child taking a prescribed fluoride supplement? ☐ No ☐ Yes

Parental Concerns

Do you have any concerns about your child's vision?	☐ No	☐ Yes, Please describe:
Do you have any concerns about your child's hearing?	☐ No	☐ Yes, Please describe:
Do you have any concerns about your child's speech?	☐ No	☐ Yes, Please describe:
Do you have any concerns about your child's behavior?	☐ No	☐ Yes, Please describe:
Do you have any concerns about your child's development?	☐ No	☐ Yes, Please describe:
Do you have any other concerns about your child?	☐ No	☐ Yes, Please describe:

Additional information regarding concerns:

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:	
Reviewed by:	Date:
Signed Cert. of Exemption on file? ❑ Yes ❑ No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: **First Name:** **Middle Initial:** **Birthdate** (MM/DD/YY)**:** **Sex:**

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required **Date**

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required **Date**

♦ Required for School and Child Care/Preschool
● Required Only for Child Care/Preschool

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
♦ **DTaP / DT** (Diphtheria, Tetanus, Pertussis)						
♦ **Tdap** (Tetanus, Diphtheria, Pertussis)						
♦ **Td** (Tetanus, Diphtheria)						
♦ **Hepatitis B** ❑ 2-dose schedule used between ages 11-15						
● **Hib** (*Haemophilus influenzae* type b)						
♦ **IPV / OPV** (Polio)						
♦ **MMR** (Measles, Mumps, Rubella)						
● **PCV / PPSV** (Pneumococcal)						
♦ **Varicella** (Chickenpox) ❑ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

❑ a verified history of Varicella (Chickenpox).

❑ laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

❑ Diphtheria	❑ Mumps	❑ Other: _____
❑ Hepatitis A	❑ Polio	_____
❑ Hepatitis B	❑ Rubella	
❑ Hib	❑ Tetanus	
❑ Measles	❑ Varicella	

Licensed healthcare provider signature (MD, DO, ND, PA, ARNP) Date

Printed Name

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements**.

- ❑ If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- ❑ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS**.

Reference guide for vaccine abbreviations in alphabetical order For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	*Haemophilus influenzae* type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 December 2016

NOBEL LEARNING COMMUNITIES INC.

Date: _____

Pre-Enrollment Modification Inquiry Form

Would your child need assistance and/or modifications to the Nobel Learning Communities ("NLC") programs and services in order to fully participate in NLC's programs and services?

Check one: ☐ **Yes** ☐ **No**

Any requests for assistance and/or modifications must be made to this school's Principal, Assistant Principal and/or NLC's ADA Compliance Officer.An enrollment decision will not be made until such request has been decided upon by NLC's ADA Compliance Officer.

Student Info

Student Name	Program/Grade
Sponsor Signature	Print Name
Sponsor Signature	Print Name

School Info

School Name Brighton School	School # 1508
Principal Signature	Date
Print Name	

This Nobel Learning Communities, Inc. school does not discriminate on the basis of disability in its provision of educational programs and services.

©2018 Nobel Learning Communities, Inc.

NOBEL LEARNING COMMUNITIES® INC.

School Name: Brighton School School # 1508

School Address: 21705 58th Ave. W. Mountlake Terrace, WA 98043

Elementary School Tuition Agreement

ADMISSIONS PROCEDURES - Both you and your child (named below) ("your child") must comply with all School admissions policies and procedures. Effectiveness of this Tuition Agreement is subject to final approval of your child's admission in accordance with such policies and procedures, notwithstanding the "acceptance" of this Tuition Agreement reflected by the Principal's signature below.

TUITION - The School Year is from the First Day of School to the Last Day of School, as reflected on the School Calendar (*each attached hereto and made a part hereof*). You agree to pay tuition and fees for your child for the entire School Year (*or, if your child is starting after the First Day of School, from the starting date* (*as agreed in writing with us*)) through the Last Day of School, subject to the Early Withdrawal policy set forth below. You may pay tuition in any installment plan reflected as an option on the Fee Schedule. In addition to the tuition and fees set forth in the Fee Schedule, you will pay for any extra charges incurred by your child for care or activities which are applicable.

TUITION DUE / LATE CHARGES - Tuition and fee payments are due and payable at the times stated on the Fee Schedule. Tuition and fees are considered delinquent at 12:00 noon on the day following the due date. Late charges will be assessed in amounts as reflected on the Fee Schedule commencing at that time. If tuition and any other outstanding charges are not paid within seven days of the date due (*or within five banking days of notification to you, in the case of a returned check*), attendance at the School will no longer be permitted until tuition is paid in full for the past due amount and for the current period.

RETURNED CHECKS - A service charge will be assessed in amounts as reflected on the Fee Schedule for a check returned for any reason. In addition, a late charge will be assessed as reflected on the Fee Schedule, unless payment is received to cover the funds within three banking days of notification. If your check is returned three times within a three month period, then for a period of one year, you must make all payments by money order or certified check, or by cash (*subject to the policy on "Cash Payments"*).

CASH PAYMENTS - For your protection, cash payments may be made only to the Principal or Assistant Principal of the School or the administrative employee designated on the School's bulletin board as being so authorized. If the payment is for an amount of more than $5.00, it will be invalid unless you obtain a computer generated cash receipt from the school's financial operating system.

EARLY WITHDRAWAL - Withdrawal from the School during the School Year requires at least one month's advance notice. You must continue tuition payments for attendance through the date which is one month after our receipt of your withdrawal notice.

HOLIDAYS / IN-SERVICE DAYS - Tuition and fees are calculated on an annual basis, without reduction for holidays, vacations, professional in-service days for our teachers or student absences or illness. Holidays and professional in-service days for the School Year are shown on the School Calendar. No credit/refund will be owed if the School must close because of emergency or inclement weather.

HOURS / EXTENDED CARE / LATE PICK-UP CHARGE - The hours of the School are shown on the Fee Schedule and/or School Calendar, including: the time our extended care program starts in the morning, the time you may first drop off your child if he or she is not registered for extended care, the start of classes, the end of classes, the time by which you must pick up your child if he or she is not registered for "extended care", and the time our extended care program ends (*and the School building closes*). Extended care requires registration and charges as reflected on the Fee Schedule. Fees for early drop off and for late pick up are set forth on the Fee Schedule. If your child is picked up several times after the School building's scheduled closing time, we may increase the applicable fee.

FAMILY DISCOUNTS - Families with more than one child enrolled full-time at Nobel Learning Communities schools may receive a discount for each additional child after tuition has been paid at the regular full-time rate for the child with the highest regular tuition rate (*i.e., the discount will be a percentage of the lower tuition amount*). See the Fee Schedule for details.

DRESS CODE - Students are required to comply daily with the School's dress code.

SUSPENSION / DISMISSAL - We reserve the right to suspend or dismiss a child in our sole discretion for unsatisfactory or inappropriate behavior, if we do not have adequate expertise or resources for the child's educational, medical or other needs (*subject to any applicable regulatory requirements*), for violations of our policies, or if for any reason we determine it to be in the best interests of the School. In our sole discretion, suspension or dismissal may be with or without notice.

NOBEL LEARNING COMMUNITIES® INC.

School Name: Brighton School School # 1508

School Address: 21705 58th Ave. W. Mountlake Terrace, WA 98043

Elementary School Tuition Agreement

STUDENT ILLNESS / EMERGENCY - We strive to maintain a healthy, safe environment for our children. In that light, you may not bring to the School a child who is ill (*determined in our discretion*). We will notify you if your child becomes ill, and you must then pick him/her up as soon as possible. You authorize us to obtain immediate medical care if a medical emergency occurs when you cannot be located immediately. Such care may be from a physician or hospital other than your child's physician, if, in our judgment, there is insufficient time first to contact your child's physician. You authorize us to make the decision of when an emergency exists.

USE OF PHOTOGRAPH, ETC. - You authorize us to use your child's photograph or appearance in any advertising or other media.

INTERNET USE - You recognize that, while the Internet has the potential to provide vast resources and tremendous learning opportunities for our students, searching the Internet can expose your child to dangerous or inappropriate material. You agree to release the School and its employees from all claims, charges and damages of any nature arising from use or misuse of the Internet. You further agree that the School may condition your child's use of the Internet upon execution by you and your child of further documentation as may be required by the School.

RENEWAL - Registration at the School is on a School Year basis. Your child will not be guaranteed a reservation for the following school year, unless you enter into a new tuition agreement with the School for that school year and pay all applicable fees.

RESPONSIBILITY - You agree that you will be responsible for any loss, damage or destruction by your child of any property of the School and for any damages for which the School becomes liable or chargeable because of your child's actions.

STUDENT RECORDS - All student records remain the property of the School, except as may otherwise be provided by law. You authorize us to send academic records and confidential recommendations to schools your child attends after our School upon the request of such schools, and you will not seek access to confidential recommendations and evaluation materials. Further, you release our School and our staff from any and all liability resulting from or pertaining to the furnishing of recommendations and records.

COSTS OF COLLECTION - If we refer your account for collection, you will pay all our costs of collection, including (*but not limited to*) attorneys' fees.

I agree to the above terms and conditions, including the obligation to pay to the School all charges for tuition and fees, and in all events to be responsible for the financial obligations of my child.

Name of Student _____ Date _____

Sponsor Signature _____ Print Name _____

Sponsor Signature _____ Print Name _____

ACCEPTED

_____

Principal Signature **Print Name**

Brighton School

2019-2020 Tuition and Fee Schedule

Application Fee: $125
Non-refundable fee due with application

Please circle appropriate tuition payment.

Yearly Tuition Rates

	Registration	Annual (5% discount) March 29th	Semi-Annual (2.5% discount) March & January	Monthly ACH Sept-June Check/CC July-April
Preschool				
2 Day AM Preschool	$185.00	$3,591.00	$1,842.75	$378.00
2 Day Full Day Preschool	$550.00	$5063.50	$2,598.37	$533.00
3 Day AM Preschool	$235.00	$5,149.00	$2,642.25	$542.00
3 Day Full Day Preschool	$550.00	$7,571.50	$3,885.38	$797.00
5 Day AM Preschool	$285.00	$7,685.50	$3,943.88	$809.00
5 Day Full Day Preschool	$550.00	$12,644.50	$6,488.63	$1,331.00
PreKindergarten				
5 Day AM PreKindergarten	$285.00	$7,685.50	$3,943.88	$809.00
5 Day Full Day PreKindergarten	$550.00	$12,644.50	$6,488.63	$1,331.00
Elementary				
Kindergarten - 5th Grade	$650.00	$14,972.00	$7,683.00	$1,576.00
Middle School				
6th - 8th Grade	$850.00	$15,741.50	$8,077.88	$1,657.00
Extended Care				
Before Care				$205.00
After Care				$295.00
Before and After Care				$410.00

Student Information

Parent / Guardian Name **Signature** **Referred By**

Street Address **City, State, Zip Code**

Phone Number **Email Address**

Student Name **Student Date of Birth** **Gender** **Grade Level 2019/20**

Tuition Payment Plans and Discounts

Discounts: Each family can only use one discount category. If a family is eligible for more than one discount category, the category which provides the maximum benefit will be applied. No discounts may be combined, only one discount per student.

Annual Pay: Tuition is due in full by March 29, 2019. This option reflects a 5% discount. In the event of early withdrawal, thirty days' written notice is required or one month's tuition is forfeited. In addition, if the year is not completed, the discount will be forfeited. Tuition is for the academic school year only. Tuition does not include before/after care, in-service and early dismissal days, winter, mid-winter, and spring breaks, or summer camp.

Monthly Pay: The first monthly payment is due on July 1st, 2019. The remaining nine months are due on the 1st of the month August through April. In the event of early withdrawal, thirty days' written notice is required or one month's tuition is forfeited.

Hourly Charge: Drop in care is available to families at a fee of $9 per hour ($9.00 minimum charge) for hours that extend beyond your regularly scheduled time. Please be aware that there is no care provided before 7:00a.m. or after 6:00p.m.

Sibling Discount: Tuition is reduced by 5% (in the least expensive full time program) for the first sibling enrolled full time (5 school days from 9:00a.m. to 3:00p.m.). Additional full time siblings will receive a 5% discount.

Application and Registration Fees: $125 plus various registration fees as outlined on the previous page are due when application is submitted. These monies will not be applied until acceptance is given. In the event that you withdraw your child prior to the completion of the school year you will forfeit all application and registration fees.

Hours/Days of Operation
Regular hours of operation are 7:30 am – 4:00 pm weekdays. Extended hours are 7:00 am – 6:00 pm. There is a late pick-up fee of $10 per minute after the regularly scheduled pick up time. Please refer to the school calendar for days the school will be closed.

Parent Input

To be completed by parent or guardian

Student Name: _____ Date of birth: _____

School or program student is currently attending: (if applicable) _____

What are the first three words that come to mind when describing your child? _____ _____ _____

What do you see as your child's strengths?

What are your child's favorite subjects in school?

What do you see as your child's social and academic challenges if there are any?

What educational and social goals do you have for your child?

Please list outside hobbies, sports, and other interests your child is presently or has formerly participated or been interested in:

Check the words that best describe your child

□ Curious	□ Creative	□ Irritable	□ Organized	□ Enthusiastic
□ Anxious	□ Easily discouraged	□ Manipulative	□ Over-protected	□ Self-disciplined
□ Articulate	□ Follower	□ Motivated	□ Perfectionist	□ Shy
□ Cheerful	□ Helpful	□ Mature	□ Positive Leader	□ Social
□ Confident	□ Honest	□ Negative leader	□ Responsible	□ Vivacious
□ Conscientious	□ Immature	□ Oppositional	□ Attentive	□ Aggressive

_____

Signature of Parent or Guardian

Date _____

Student Input

To be completed by student in handwriting

Name _____ Applying for Grade _____

Current School _____

A. School Activities

B. Other Activities

What is your favorite subject in school and why do you like it?

What do you like about school?

What do you like least about school?

Tell us about your family.

Please complete the following sentences:

I like it best when a classroom is_____

Something surprising about me is _____

My greatest strength is_____

When I grow up I want to be_____

Teacher Recommendation

To be completed by teacher

Name of Applicant _____ **Applicant for Grade** _____

Parent or Guardian: Please provide this recommendation either via email or paper to your child's current teacher.
The information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. This completed form will not be available to applicants, parents, or anyone outside of the Admissions Committee. **The child's application will be processed when this form is received by Brighton's Admissions Office.**

Teacher: Please complete this confidential form and return it to Brighton School via email, mail or fax.
This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files. Thank you for answering these questions honestly. Submit in one of three ways below.

Mail to:	**Fax to:**	**Email to: Russ.Noble@nlcinc.com**
Brighton School **C/O Admissions** **21705 58th Ave. W.** **Mountlake Terrace, WA 98043**	**Fax: (425) 640-7445** **Office : (425) 640-7067**	

Social and Study Skills	*Above Average*	*Average*	*Below Average*	*Comments*
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Respectful of property (personal and others)				
Accepts responsibility for actions				
Demonstrates self-control				
Is cooperative				
Demonstrates appropriate energy level				
Exhibits emotional maturity				
Demonstrates appropriate behavior				

Communication Skills	*Above Average*	*Average*	*Below Average*	*Comments*
Ability to express ideas verbally				
Clarity of writing style				
Grammar/Mechanics skills				
Reading rate and fluency				
Reading comprehension				
Knowledge and usage of vocabulary				
Imagination and creativity				
Problem-solving skills				

Math and Reasoning Skills	*Above Average*	*Average*	*Below Average*	*Comments*
Solid understanding of grade level math concepts				
Math facts				
Stamina and resolve to work on challenging problems				

-Over-

Check the words that best describe this applicant.

☐ Aggressive	☐ Disobedient	☐ Irritable	☐ Organized	☐ Self-disciplined
☐ Anxious	☐ Easily discouraged	☐ Manipulative	☐ Over-protected	☐ Shy Social
☐ Articulate	☐ Follower	☐ Mature	☐ Perfectionist	☐ Vivacious
☐ Cheerful	☐ Helpful	☐ Motivated	☐ Positive leader	☐ Well-liked
☐ Confident	☐ Honest	☐ Negative leader	☐ Responsible	☐ Witty
☐ Conscientious	☐ Immature	☐ Oppositional	☐ Self-centered	

Briefly describe the work habits/abilities/challenges.

How long has this applicant attended your school? _____
Is applicant habitually tardy or absent? ☐Yes ☐No
In the last three years has this student been suspended ☐Yes ☐No

This applicant is:
☐Highly Recommended ☐Strongly Recommended ☐Recommended ☐Recommended with Reservation ☐Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended," please explain.

Are the parents/guardians actively involved and demonstrate and do they show respect for all members of the school community? Please comment.

Is there anything else that would be helpful for the Admissions Committee to know?

How long have you known this student and in what capacity? _____

Date: _____

Teacher Name: _____

Name of School: _____ Telephone: _____

School City and State: _____ Email: _____

May we contact you if we have further questions? ☐Yes ☐No

Thank you for your time and effort filling out this form.