



Beacon Hill Preparatory School

"The Future Belongs To Those Who Prepare"

Application for Admission

18001 N. W. 22 Avenue • Miami, Florida 33056
(305) 624-1600 • www.BeaconHillMiami.com

CHILD'S NAME: First _____ Middle _____ Last _____

Child's Home Address _____ City _____ Zip _____

Gender _____ Birth Date ____/____/____ S.S. # _____ Grade Applying for _____

PARENT NAME: First _____ Last _____

Home Phone _____ Work _____ ext. _____ Cell _____

Occupation _____ Email Address _____

PARENT NAME: First _____ Last _____

Home Phone _____ Work _____ ext. _____ Cell _____

Occupation _____ Email Address _____

With whom does this child reside?

Both Parents Mother Father Guardian

If Guardian, Guardian's Name: First _____ Last _____

Home Phone _____ Work _____ ext. _____ Cell _____

Occupation _____ Email Address _____

Persons permitted to remove child:

SPECIAL NOTATIONS:

List any chronic or physical defects, allergies, dietary requirements, etc.:

EMERGENCY CONTACT:

Name: First _____ Last _____ Relation _____

Home Phone _____ Work _____ ext. _____ Cell _____

Name: First _____ Last _____ Relation _____

Home Phone _____ Work _____ ext. _____ Cell _____

CREDIT POLICY:

NO CREDIT given for any absence.

A (NON-REFUNDABLE) Registration fee **MUST ACCOMPANY THIS FORM**. Report cards/Transcripts will not be issued until all financial obligations have been paid in full. All tuition fees are due in advance. If your tuition is not paid within (3) days of the due date, a late fee of \$25.00 will be added to your account each four week period.

Signature of person responsible for fees _____ Date _____

FOR OFFICE USE ONLY: db _____ me _____ wh _____

Starting Date _____ Customer # _____ Lunch _____

ASP _____ Reg. Fee _____ Tuition _____

Program(s) _____ Room # _____