



Thank you for considering becoming a part of the Baylake Academy family; we are excited for the opportunity to introduce you and your child to a leading educational experience. Please complete all questions to meet the necessary requirements as defined by the Virginia Department of Education regulations. Please note the application fee in non-refundable. We look forward to help guide your child's educational journey.

Student Information (As it appears on Birth Certificate)

First Name: _____ Middle Name: _____ Last Name: _____ Nickname: _____

Address: _____
STREET CITY STATE ZIP

Grade: _____ Sex: _____ Date of Birth: _____

U.S. Citizen? Yes No Ethnicity: _____ Foreign National? _____
COUNTRY

List any siblings with age enrolled at Baylake Academy: _____

Please provide Chronic Physical Conditions/Pertinent Developmental Information/Special Accommodations Needed

List all medications, any allergies or intolerance to food, etc., and actions to take in the event of an emergency

PARENT/GUARDIAN INFORMATION (First Parent/Guardian)

Name: _____

TITLE FIRST NAME MIDDLE NAME LAST NAME

Relationship to Student: _____ Student's Legal Guardian? Yes No U.S. Citizen? Yes No

Student resides with you? _____

Marital Status: Married Single Widowed
 Separated Divorced

If you are separated or divorced, the School will adhere to Commonwealth of VA 20- 24 and provide both parents access to student academics and medical records unless otherwise ordered by the court for good cause shown.

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ College(s) Attended: _____

Occupation: _____

Work Address: _____ List any major degrees and years: _____

City, State, ZIP: _____

Work Phone: _____



PARENT/GUARDIAN INFORMATION (Second Parent/Guardian) N/A

Name: _____

TITLE

FIRST NAME

MIDDLE NAME

LAST NAME

Relationship to Student: _____ Student's Legal Guardian? Yes No U.S. Citizen? Yes No

Student resides with you? _____

Marital Status: Married Single Widowed
 Separated Divorced

If you are separated or divorced, the School will adhere to Commonwealth of VA 20- 24 and provide both parents access to student academics and medical records unless otherwise ordered by the court for good cause shown.

Address: _____

STREET

CITY

STATE

ZIP

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

College(s) Attended: _____

Occupation: _____

Work Address: _____

List any major degrees and years: _____

City, State, ZIP: _____

Work Phone: _____

PARENT/GUARDIAN INFORMATION (Third Parent/Guardian) N/A

Name: _____

TITLE

FIRST NAME

MIDDLE NAME

LAST NAME

Relationship to Student: _____ Student's Legal Guardian? Yes No U.S. Citizen? Yes No

Student resides with you? _____

Marital Status: Married Single Widowed
 Separated Divorced

If you are separated or divorced, the School will adhere to Commonwealth of VA 20- 24 and provide both parents access to student academics and medical records unless otherwise ordered by the court for good cause shown.

Address: _____

STREET

CITY

STATE

ZIP

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

College(s) Attended: _____

Occupation: _____

Work Address: _____

List any major degrees and years: _____

City, State, ZIP: _____

Work Phone: _____



PARENT/GUARDIAN INFORMATION (Fourth Parent/Guardian) N/A

Name: _____

TITLE

FIRST NAME

MIDDLE NAME

LAST NAME

Relationship to Student: _____ Student's Legal Guardian? Yes No U.S. Citizen? Yes No

Student resides with you? _____

Marital Status: Married Single Widowed
 Separated Divorced

If you are separated or divorced, the School will adhere to Commonwealth of VA 20- 24 and provide both parents access to student academics and medical records unless otherwise ordered by the court for good cause shown.

Address: _____

STREET

CITY

STATE

ZIP

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

College(s) Attended: _____

Occupation: _____

Work Address: _____

List any major degrees and years: _____

City, State, ZIP: _____

Work Phone: _____

GRANDPARENT INFORMATION

1. Name: _____

Phone Number: _____ Email address: _____

Address: _____

STREET

CITY

STATE

ZIP

2. Name: _____

Phone Number: _____ Email address: _____

Address: _____

STREET

CITY

STATE

ZIP

3. Name: _____

Phone Number: _____ Email address: _____

Address: _____

STREET

CITY

STATE

ZIP

4. Name: _____

Phone Number: _____ Email address: _____

Address: _____

STREET

CITY

STATE

ZIP



ADDITIONAL INFORMATION

Please list any additional spouses, guardians, and/or stepparents not previously listed:

Your Insight Requested:

1. How did you hear about Baylake Academy? What attracted you to choose our school?

2. What school(s) has your child attended prior to Baylake Academy?

3. Please share with us your child's hobbies and interests:

4. Which programs interest you (check all that apply)?

- Academic Day 8:00am-3:00pm
Extended Day Program 7:30am-5:30pm *Only available when enrolled in the Academic or Summer Program
Summer Program 8:00am-3:00pm (Pre-K3 through Kindergarten)

EMERGENCY CONTACT INFORMATION (other than parents/grandparents listed previously)

All fields are to be completed as required by the Virginia Department of Education, including addresses.

Primary Care Provider, Physician Name: Phone #:

Dentist: Phone #:

The individuals below have the authority to pick up and can be reached during school hours at the numbers listed below:

1. Name: Phone Number:

Address:

2. Name: Phone Number:

Address:

3. Name: Phone Number:

Address:

By signing this application form you are confirming all information provided is accurate to the best of your knowledge and the student is authorized to be transported by an ambulance in an emergency situation as deemed necessary by Baylake Academy administration. Parents will be notified immediately by phone call.

Signature: Date: