



Brighton Academy-Lonestar College

Parent Name: _____ Phone #: _____

Mother Father Grandparent Guardian

Parent Name: _____ Phone #: _____

Mother Father Grandparent Guardian

Email Address (primary contact): _____

Home Address: _____

Child / Children's Names:	Age	Birthday
_____	_____	_____
_____	_____	_____

Enrolling: Fulltime Hourly (total weekly hours _____)

Monday to _____

Tuesday to _____

Wednesday to _____

Thursday to _____

Friday to _____

How did you hear about Brighton Academy?

Lonestar Student Lonestar Faculty SHSU Student/Faculty Other

OFFICE ONLY

WEEKLY TUITION RATE: _____

SCHOOL SESSION: _____

DEPOSIT PAID: _____