



Thank you for your interest in Beechwood Brainersy. We provide specialized, adaptive, and inclusive learning for all students.

Please complete this form and our team will contact you about upcoming enrollment opportunities.

Student Information

- **Full Name:** _____
- **Date of Birth (DD/MM/YYYY):** _____
- **Current Grade Level:** _____
- **Preferred Start Date (Month/Year):** _____

Parent/Guardian Information

- **Parent/Guardian Name(s):** _____
- **Relationship to Student:** _____
- **Phone Number:** _____
- **Email Address:** _____

Additional Information

- **Why are you interested in Beechwood Brainersy for your child?**
(Please describe your goals, your child's needs, or what draws you to our approach.)

- **Does your child have any diagnosed exceptionalities or support needs?**
(If yes, please provide brief details. We welcome all learners.)

- **Has your child attended school before?**
[] Yes [] No
If yes, where? _____

Waitlist Agreement

By submitting this form, you understand that this application does not guarantee placement. Beechwood Brainersy will contact you when a space becomes available. We appreciate your patience and your interest in joining our community.

Signature of Parent/Guardian: _____ **Date:** _____