

The Bridge School, Inc.

Application Form	SY:
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Child's Name

Birthdate

Nickname

Boy Girl

	Yes	No
Has your child been diagnosed with any learning or developmental delays?		
Is your child currently in therapy classes/sessions?		
Are there any aspects of your child's development that you are concerned about?		

Home Telephone Number

Home Address

City/State/Zip

Your Child's Previous School(s):

Name	Month/Year	Address	Telephone

Parent's Name

Cell Phone #

E-mail Address

Occupation

Employer

Work #

Birthdate

Your Child's Siblings(s):

Name	School	Age

Parent's Name

Cell Phone #

E-mail Address

Occupation

Employer

Work #

Birthdate

Other Household Member(s):

Name	Relationship to Child	Age

Home Address (If different)

Home Telephone (If different)

Parental Marital Status

Emergency Contact Information:

List all persons to be contacted in the event of any emergency when none of the parents are able to be reached. Note: Please use only local contacts.

Last Name: _____ First Name: _____ Phone #: _____

Last Name: _____ First Name: _____ Phone #: _____

Last Name: _____ First Name: _____ Phone #: _____

Last Name: _____ First Name: _____ Phone #: _____

Write three words to describe your child. Explain.

What do you see as your primary role in your child's education?

Why have you chosen The Bridge School for your child?

What do you want your child to gain from his/her experience at The Bridge School?

Does your child have any physical or emotional limitations? Please elaborate.

What medical or family information is important to have in working with your child?

Is there anything more you would like us to know about your child?

How did you hear about The Bridge School?

Relative:

Friend:

Employer:

Website

Other

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____