

# BRIDGES ACADEMY

Educating Twice-Exceptional  
Students In Grades 6-12

Please attach a recent  
photograph of the applicant.

## APPLICATION FOR ADMISSION

### APPLICANT INFORMATION:

Name (First, Middle, Last, Suffix)    Nickname \_\_\_\_\_

Street Address    City    State    Zip Code \_\_\_\_\_

(    )    (    ) \_\_\_\_\_

Home Telephone    Home Fax    Email Address \_\_\_\_\_

Gender: Male    Female

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_    Birthplace: \_\_\_\_\_    SSN: \_\_\_\_\_

Current Grade: \_\_\_\_\_    Applying for Grade: \_\_\_\_\_    Plan to Enroll (term/year): \_\_\_\_\_

Ethnicity (optional—used for statistical purposes only):

African American    Asian American/Pacific Islander    Caucasian

Latino/Hispanic    Middle Eastern    Multiracial

Native American    Other \_\_\_\_\_

\_\_\_\_\_ (    ) \_\_\_\_\_  
Name of Current School    Telephone Number

Street Address    City    State    Zip Code \_\_\_\_\_

Head of School/Principal/Director: \_\_\_\_\_

Other Schools Attended:

Name of School    City, State    Telephone Number    Grades Attended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant applied to Bridges Academy previously?    Yes    No

If yes, for what academic year(s)? \_\_\_\_\_ For which grade(s)? \_\_\_\_\_

**FAMILY INFORMATION:**

**Parent or Legal Guardian (1):**

Mother    Father    Legal Guardian

\_\_\_\_\_  
Name (Title, First, Middle, Last, Suffix)

\_\_\_\_\_  
Street Address (if different from applicant's)    City    State    Zip Code

(\_\_\_\_\_)    (\_\_\_\_\_)    \_\_\_\_\_  
Telephone    Fax    Email Address

\_\_\_\_\_  
Employer    Occupation    Title/Position

\_\_\_\_\_  
Employer's Address    Telephone Number    (\_\_\_\_\_)    \_\_\_\_\_

**Parent or Legal Guardian (2):**

Mother    Father    Legal Guardian

\_\_\_\_\_  
Name (Title, First, Middle, Last, Suffix)

\_\_\_\_\_  
Street Address (if different from applicant's)    City    State    Zip Code

(\_\_\_\_\_)    (\_\_\_\_\_)    \_\_\_\_\_  
Telephone    Fax    Email Address

\_\_\_\_\_  
Employer    Occupation    Title/Position

\_\_\_\_\_  
Employer's Address    Telephone Number    (\_\_\_\_\_)    \_\_\_\_\_

**PARENTS' MARITAL STATUS (check all that apply):**

Married    Divorced    Separated    Not Married but Living Together

Parent 1 Remarried    Parent 2 Remarried

Mother Deceased    Father Deceased

If parents are separated or divorced, who has primary custody?    Parent 1    Parent 2    Joint Custody

If applicable, please include name(s) of stepparent(s):

Spouse/partner of Parent 1: \_\_\_\_\_ Spouse/partner of Parent 2: \_\_\_\_\_

**SIBLING(S):**

Name    School    Age    Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL RESPONSIBILITY:**

Who is financially responsible for the student?

Both Parents       Father       Mother       Other \_\_\_\_\_

Would you like information regarding financial aid?

Yes       No

**ADDITIONAL INFORMATION:**

How did you hear about Bridges Academy? (Please be as specific as possible)

Describe any special circumstances that have affected the applicant's school experience.

Has your child had an IEP and/or 504? (Not required for admission) If yes, please provide.

Yes       No

Describe any educational therapy, support or tutoring the applicant currently receives.

Has the applicant undergone any specialized evaluations? (Neuro-psych, IQ, speech, hearing or educational assessments). If yes, please provide.

Yes       No

Has the applicant ever been suspended or expelled from any school or been subject to disciplinary action?

Describe any special interests, activities, talents, and/or skills the applicant demonstrates.

To which other schools have you applied?

Is there any additional information that the Admissions Committee should know about the applicant?

Name of person completing this application: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

**SIGNATURE:**

---

Parent or Legal Guardian

Date

Please send the completed application form with the \$150.00 non-refundable application fee, payable to Bridges Academy to:

Bridges Academy  
Attn: Admissions  
3921 Laurel Canyon Blvd.  
Studio City, CA. 91604  
(818) 506-1091 / (818) 506-8094 fax  
[www.bridges.edu](http://www.bridges.edu)