



BRIDGES ACADEMY

EDUCATING THE EXCEPTIONAL²

College Prep Program
7th - 12th Grade

Please attach a recent photograph of the applicant

APPLICATION FOR ADMISSIONS

APPLICANT INFORMATION

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Name (First, Middle, Last, Suffix) _____ Nickname _____ Gender: _____

Street Address _____ City _____ State _____ ZIP _____

(____) _____ (____) _____
Home phone Home fax Student email address

DOB (m/d/y): ____/____/____ Birthplace _____ SSN: _____ - _____ - _____

Current grade: _____ Applying for grade: _____ Plan to enroll (term/year): _____

ETHNICITY(IES) (optional - used for statistical purposes only):

Name of Current School _____ Phone number _____

Street Address _____ City _____ State _____ ZIP _____

Head of School/Principal/Director: _____

OTHER SCHOOLS ATTENDED

Name of School _____ City/State _____ Phone Number _____ Grade(s) Attended _____

Has the applicant applied to Bridges Academy previously? Yes No

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

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

ADDITIONAL APPLICANT INFORMATION (please attach additional documentation as needed)

What are the applicant's talents, interests and skills, both in and out of school? (Include clubs , classes or organizations he/she has been involved in)

What makes traditional school settings difficult for your child? Please address ongoing social/emotional, academic and medical concerns separately.

List any educational therapy, psychotherapy, social skills, tutoring or other support the applicant currently receives.

Has the applicant ever been suspended or expelled from any school or been subject to disciplinary action?
Yes No If yes, please describe.

Has the applicant had an IEP and/or 504? (not required for admission) If yes, please provide. Yes No

Has the applicant undergone any specialized evaluations? (Neuro-psych, IQ, speech, educational or other assessments)
 Yes No If yes, please provide.

To which other schools have you applied?

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

FAMILY INFORMATION

Parent/Legal Guardian 1: Mother Father Legal Guardian

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

Street Address (if different from applicant's) City State ZIP

(_____) (_____) (_____) _____
Home Phone Cell Phone Work Phone

Home/personal email Work email

Employer Occupation

Parent/Legal Guardian 2: Mother Father Legal Guardian

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

Street Address (if different from applicant's) City State ZIP

(_____) (_____) (_____) _____
Home Phone Cell Phone Work Phone

Home/personal email Work email

Employer Occupation

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/divorced, who has primary custody? Parent 1 Parent 2 Joint Custody

If applicable, please include name(s) of step-parent(s):

Spouse/Partner of Parent 1: _____ Spouse/Partner of Parent 2: _____

Siblings:

Name	Age	School	Grade
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FINANCIAL RESPONSIBILITY

Who is financially responsible for the applicant?

Both parents Father Mother Other: _____

Would you like information regarding financial aid?

Yes No

Name of person completing this application: _____

Relationship to the applicant: _____

Signature:

Parent or Legal Guardian

Date

Please send the completed application form, with the \$175.00 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