



Applicant Information

Applicant's Name _____

Preferred Name/Nickname _____

Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Family Email _____

Date of Application _____

Application for Grade/Program _____

Entering September _____

Date of Birth _____

☐ Male ☐ Female

School District _____

*Social Security # _____

(*required for NYSED Student ID #)

Parent/Guardian Information

Parent/Guardian (A)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof.

Name _____

Address _____

(if different from Applicant)

City _____

State _____ Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Email _____

Occupation _____

Business _____

Business Phone (____) _____

Stepparent (if applicable) _____

Parent/Guardian (B)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof.

Name _____

Address _____

(if different from Applicant)

City _____

State _____ Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Email _____

Occupation _____

Business _____

Business Phone (____) _____

Stepparent (if applicable) _____

Applicant resides with: ☐ Both A and B ☐ A Only ☐ B Only ☐ Other _____

Billing should be addressed to: ☐ Both A and B ☐ A Only ☐ B Only ☐ Other _____

School Information

Years Attended _____

School Address _____

City _____

State _____ Zip _____

Telephone (____) _____

Awards/Acknowledgements: _____

Current Grade _____

Principal/Head of School _____

Guidance Counselor/Homeroom Teacher _____

Past School

Last Grade Completed _____

Years Attended _____

School Address _____

City _____

State _____ Zip _____

Telephone (____) _____

Awards/Acknowledgements: _____

Principal/Head of School _____

Guidance Counselor/Homeroom Teacher _____

Sibling Information

Sibling is/will be applying
to The Bridges Academy?

☐ Yes ☐ No

Name _____ Date of Birth _____ Present School _____ Grade _____

☐ Yes ☐ No

Name _____ Date of Birth _____ Present School _____ Grade _____

☐ Yes ☐ No

Name _____ Date of Birth _____ Present School _____ Grade _____

General Information

How did you learn about The Bridges Academy?

☐ Family referral _____ ☐ Friend referral _____ ☐ Internet Search

☐ South Bay's Neighbor ☐ Parent Guide News ☐ FIT News ☐ Postcard/Poster ☐ Other _____

Are you interested in a Summer Program for your child? ☐ Yes ☐ No

Please tell us about your child.

What special qualities does your child possess?

Please indicate any services that your child has received in the past provided by an I.E.P. such as Speech Therapy, Physical Therapy, Occupational Therapy, etc.

What are your child's special needs?

Please list any medications your child will require during the school day.

What else should we know about your child?

Application Fee and Acknowledgement

I understand that this application and process will in no way obligate us to the school or the school to us.

Admission to The Bridges Academy is premised upon the following:

- A visit to the school by both the applicant and parents, and an interview with the Head of School.
- Completion of an Application for Enrollment, Enrollment Agreement and \$350.00 non-refundable Application Fee.
- Applicants (K-8) will be scheduled for a class visit for two or more school days and the Entrance Exam administered by the Dean of Students. At this time the non-refundable \$50 Assessment Fee is required.
- Review of former school records.
- Satisfactory performance on entrance examinations.
- The existence of a vacancy for which, in accordance with the plan of enrollment adopted by the Board of Trustees, the candidate is qualified.

Please be certain you have completed this application in its entirety and enclosed the \$350.00 Application Fee.

Checks are to be written payable to: Bridges Academy

Mailing Address: The Bridges Academy, PO Box 329, Brightwaters, NY 11718

Parent's Signature (or Guardian's Signature)

Date

The Bridges Academy Non-Discrimination Policy

The Bridges Academy welcomes into its full academic, business and community life persons of every race, culture, age, gender, sexual orientation, ability, economic status and faith tradition or any other classification protected under applicable law. The corporation declares itself to be an open, welcoming and affirming school. Bridges Academy does not discriminate on the basis of sex, sexual orientation, age, race, color, national or ethnic origin, disability, or any other classification protected under applicable law in administration of its admissions or educational policies, scholarship and financial-aid programs, other Bridges Academy-administered programs, or in employment. The Corporation complies with the amended Family Education Rights and Privacy Act, Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973.

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ACADEMIC TRANSCRIPT RELEASE

Dear Kindergarten-GR8 Parent/Guardian,

Your child's school records are an important factor in consideration for admission to Kindergarten through Grade 8 at The Bridges Academy. It is necessary for you to authorize their release to The Bridges Academy in order for The Bridges Academy to request and receive them from your child's school. Please complete and return this transcript authorization form to the Admissions Department.

To the Principal or Head of: _____
(Print name of current school)

Address of school _____

City, State, Zip _____

Phone () _____

Fax () _____

I hereby authorize you to release to The Bridges Academy a **transcript of grades, most current report card, results of all standardized achievement and/or aptitude tests and all medical records** for my child for use in connection with our application for his or her admission to The Bridges Academy.

Child's name _____ Current Grade _____

Signature of Parent or Guardian

Date

Please mail all materials to:

Office of Admissions
The Bridges Academy
PO Box 329
Brightwaters, NY 11718