



**Student Admission Form**

STUDENT INFORMATION:		
<b>Social Security Number:</b>		<b>Today's Date:</b>
First Name:	Middle Name:	
Last Name:	Date of Birth:	
Street Address:	Apt.#	Gender:
City:	State:	Zip:
Home Phone:		
Family Email Address:		
Current School District:		
Current Building:		
Current Grade Level:		Current Age:
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic / Latin <input type="checkbox"/> Multi-racial		
Contact Information of Parent/Guardian with whom student resides:		
First Name:		Work Phone:
Last Name:		Cell Phone:
Home Phone:		Other Email:
Anticipated Start:	Please indicate why you would like your child to attend BCA.	
<input type="checkbox"/> Now		
<input type="checkbox"/> Next Semester		
<input type="checkbox"/> Next Year		
Is your child currently identified gifted? In what areas? (Please be aware that documentation will be needed for identification areas.)		
NONDISCRIMINATION STATEMENT:		
Bridges Community Academy does not discriminate on the basis of race, color, creed, national origin, ancestry, sex, age, religion, veteran status, or disability (ADA) in admission to, access to, treatment in, or employment in any service, program, or activity sponsored by Bridges Community Academy.		

Please complete and return to:  
**Bridges Community Academy**  
 190 St. Francis Ave.  
 Tiffin, OH 44883  
 Attn: Admissions