



# Bridgeport International Academy

Application for Admission: 2008 - 2009 School Year  
Domestic Students

Program: Day student  Home Stay Student  Boarding Student

## A. Student Information

Name: \_\_\_\_\_  
Family Name First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Month Day Year

Male  Female  Country of Citizenship: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State/Province Country

First Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Ethnic Background (This question is optional and is asked for reporting purposes only. Some grant applications require this information):

Caucasian  African-American  Hispanic  Asian/Pacific Islander

American Indian or Alaskan Native  Multi-cultural: \_\_\_\_\_ Other: \_\_\_\_\_

Parent's Marital Status: Married  Divorced  Separated   
Single  Widowed  Guardian

Student is currently living with: \_\_\_\_\_

While attending BIA student will be living with: \_\_\_\_\_

## B. Parent's Information

Mail should be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Building/Suite #

City: \_\_\_\_\_ State (2-letter abbreviation): \_\_\_\_\_ Zip: \_\_\_\_\_





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Occupation (title/position): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Building/Suite #

City: \_\_\_\_\_ State (2-letter abbreviation): \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Office Fax: ( ) \_\_\_\_\_

## D. Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Building/Suite #

City: \_\_\_\_\_ State (2-letter abbreviation): \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

## E. Last School Attended

Name: \_\_\_\_\_

Type of School: Public  Independent  Parochial  Home School

Address: \_\_\_\_\_  
Number Street Building/Suite #

City: \_\_\_\_\_ State (2-letter abbreviation): \_\_\_\_\_ Zip: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Grade for next year: \_\_\_\_\_

## F. Other Information

Does the applicant have siblings who graduated from BIA (if applicable)?:

\_\_\_\_\_  
Name Year of Graduation



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Name	Year of Graduation
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Other Siblings:

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Name	Age	School	Current Grade
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Name	Age	School	Current Grade
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Name	Age	School	Current Grade
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## **Questions for Parents or Guardians to Answer:**

1. How did you hear about Bridgeport International Academy (BIA)?

2. Why are you interested in sending your child to the Academy?

3. Are there any extenuating circumstances that we should know about that might help us understand or interpret your child's past academic record?

4. Has your child undergone psychiatric evaluation or been under the care of a psychologist, psychiatrist or other therapist during the past five years for any reason? If yes, please explain.



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5. Has your child ever been diagnosed with any kind of a learning disability? If yes, please explain.
  
  
  
  
  
  
  
  
  
  
6. Has your child been evaluated for or diagnosed with ADD (Attention Deficit Disorder) or ADHD (Attention Deficit Hyperactivity Disorder)? If yes, please explain how you treated this condition.
  
  
  
  
  
  
  
  
  
  
7. Has your child ever been evaluated or tested for or participated in a gifted and talented program? If yes, please give the details.
  
  
  
  
  
  
  
  
  
  
8. Has your child ever used alcohol, cigarettes, or illegal drugs? Please explain. Also, if your child has undergone treatment or counseling for substance abuse, please explain, including dates of treatment.
  
  
  
  
  
  
  
  
  
  
9. Has your child ever been suspended from school? If yes, please explain where, when, and why.



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I hereby apply for admission to Bridgeport International Academy on behalf of my child. The information I have provided is accurate and complete. The Academy aspires to help students to become people of good character. I understand and have discussed with my child the policies and regulations of the Academy, specifically its policy that students will abstain from the use of illegal drugs, tobacco products, alcohol, and pre-marital sex on the BIA campus.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

I hereby apply for admission to Bridgeport International Academy. The information I have provided for this application and my questionnaire is accurate and complete. I understand and have discussed with my parent(s)/guardian the policies and regulations of the Academy, specifically its policy that I will abstain from the use of illegal drugs, tobacco products, alcohol and pre-marital sex while on the BIA campus, if I am admitted as a student. I agree to abide by all of the policies and regulations of the Academy.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

*The above signed agree that this application for admission, together with all other information and materials of any kind received by the Office of Admissions of Bridgeport International Academy from any source, or prepared by anyone at its request, “. . . shall become part of the applicant’s educational records, if accepted as a student, and will be dealt with as to confidentiality and/or disclosure or inspection by the student or third parties, in accordance with the provisions of the laws of the United States entitled Family Educational and Privacy Act of 1974 (FERPA).”*

Send this completed application, a \$ 50.00 application fee, 2 passport pictures, and all other admissions materials to:

**Bridgeport International Academy  
Admissions Office  
285 Lafayette Street, Suite 200  
Bridgeport, CT 06604**