

Application for Admission



The Bridge School
29 Cairo St. BFNW
Paranaque City, Philippines

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|-------------------|--------------------------------|---|
| For Academic Year | Applicant's Birth Date (m/d/y) | Age as of June of the academic year (y/m) |
|-------------------|--------------------------------|---|

Applicant Information:

| | | | | |
|--------------|---------------|----------------------|----------------------|--------|
| Last Name | First Name | Middle Name | Preferred first name | Gender |
| Home Address | | City | Zip Code | |
| Telephone | Mobile Number | Email | | |
| Church | Religion | Applicant lives with | | |

Parent/Guardian Information:

| | | | |
|---------------------------|-------------------|---------------------------|-------------------|
| Mother | | Father | |
| Last Name | First Name | Last Name | First Name |
| Home Address | | Home Address | |
| City | Zip Code | City | Zip Code |
| Home Telephone | Mobile Number | Home Telephone | Mobile Number |
| Email | | Email | |
| Name of Employer/ Company | | Name of Employer/ Company | |
| Occupation | Title or Position | Occupation | Title or Position |
| Business Telephone | Email | Business Telephone | Email |
| Business Address | | Business Address | |
| Education | | Education | |

Emergency Contact Information:

| |
|---------------|
| Name |
| Mobile Number |

Additional Information

We are committed at The Bridge School to the education of the whole child. The following information will help us know your child and continue to support all family structures through curriculum and an inclusive community. Please answer the following questions as thoughtfully as possible.

Please list your child's siblings, if applicable.

| Name | Age | School | Level |
|-------|-----|--------|-------|
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If one of the parents is deceased or if the parents are separated or divorced, please describe the child's home and family and / or custodial arrangements.

Who cares for your child when you are not at home?

What other adults play a significant role in your child's life?

Is your child adopted? _____ If yes, at what age? _____

Please list your child's previous school(s)

| Name | Dates attended | Address | Telephone |
|-------|----------------|---------|-----------|
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How did you first learn of The Bridge School?

What person or persons recommended The Bridge School and what factors led you to apply?

What is your child's favorite or strongest interest at present?

In what areas does your child feel most confident? (What aspects of school does your child enjoy most?)

In what areas does your child feel least confident? (What aspects of school does your child find most difficult?)

In what ways would you like to see school influence your child's growth next year?

About which aspects of your child's development are you most pleased?

About which aspects of your child's development do you have questions or concerns at this time?

Additional comments about your child that you would like to share with us at this time:

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____