

Transportation: Public School Bus Parents Other(s) authorized to pick up student(s). List below

NAME	RELATIONSHIP	TELEPHONE #

Person(s) NOT authorized to pick up student from school: _____

Other Children in Family:

NAME	AGE	GRADE

Ethnic Background: Hispanic African American Native American Asian Caucasian
 Other _____

If languages other than English are spoken in the home, please list: _____

C. STUDENT'S ACADEMIC RECORD

Previous schools attended (include home school):

NAME	GRADE(S)	DATES

Briefly state the reason for leaving the previous school:

Has applicant ever repeated a grade? If so, what grade, school, and for what reason?

Has the student ever exhibited any physical, emotional, or learning impairment? (i.e. ADD, ADHD, dyslexia, etc)
 Yes No If yes, please explain.

List extracurricular activities the student has been involved in:

Was the student ever suspended, placed on probation, expelled from school, or denied admission to a school for any reason? Yes No
 If yes, when? _____ Explain the circumstances:

Please attach a copy of the student's most recent report card & if applicable, any IEP results.

(BCS is not equipped to educate students with serious emotional, physical, or learning disabilities)

D. FINANCIAL RECORD:

Who is responsible for tuition payments?
Is there any reason why you would not be able to make your tuition payments? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.
I plan to make tuition payments: <input type="radio"/> by semester <input type="radio"/> quarterly <input type="radio"/> monthly

E. SPIRITUAL RECORD:

Home Church Name	Pastor's Name
Address	Denomination
How long have you attended?	How often do you attend?
Has the father made a profession of faith in Jesus Christ as personal Lord and Savior? _____ Year ____	
Has the mother made a profession of faith in Jesus Christ as personal Lord and Savior? _____ Year ____	
Other ministries or programs the student is involved in:	
Has the student made a profession of faith in Jesus Christ as personal Lord and Savior? _____ Year ____	
Has the student been water baptized? _____ Year _____	
Does the student desire to be filled with the Holy Spirit on a daily basis? <input type="radio"/> Yes <input type="radio"/> No	

F. PARENT QUESTIONNAIRE: (Attach additional sheets if necessary)

How did you find out about The Bridge?
What do you see as the strengths of your child?
Is the student currently on medication for any physical or emotional condition? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.

What do you see are your child's greatest needs?

Spiritually
Behaviorally
Academically
Socially

How do you see yourself being involved in the educational process of your child?
How do you promote spiritual values in your home?
Do you have regular family devotions? _____ How often?
Please explain why you desire your child to attend BCS
Do you plan to have your child graduate from BCS? <input type="radio"/> Yes <input type="radio"/> No If no, how long do you expect them to attend?

NOTE:

A NON-RREFUNDABLE APPLICATION FEE (\$25) MUST ACCOMPANY THIS FORM. Completing this application does not assure final enrollment, but provides information upon which a decision will be based. The Bridge reserves the right to alter class selection based on final enrollment.

Please return all forms to the school office or mail to:

**THE BRIDGE
Christian School
7686 Lofty Pines Dr.
Siren, WI 54872**

Phone: 715-349-5601 or 715-733-0151

AFFIRMATION:

I hereby affirm that all the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information could be sufficient reason for the rejection of this application or dismissal from school should the student be accepted. I further understand that I may be asked for additional written information concerning such items as academic records and financial income.

Father's or Guardian's signature	Date
Mother's or Guardian's signature	Date