



Please complete and send to:
The Admissions Committee, **The Bridge Academy, Inc.**,
1958-B Lawrenceville Road, Lawrenceville, NJ 08648

1958-B Lawrenceville Rd.
Lawrenceville, NJ 08648
Phone: 609-844-0770
FAX: 609-844-0773
www.bridgeacademynj.org

STUDENT APPLICATION FORM

*The Bridge Academy serves students ages 8-18 with language-based learning disabilities such as dyslexia, dysgraphia, dyscalculia, auditory processing, and A.D.D. with average to above average cognitive potential .
The student must not have a primary emotional or behavioral problem.*

THE BRIDGE ACADEMY

Student Name _____
Address _____

Student's Age _____ Date of Birth _____ Grade _____
Mother's Name _____
Father's Name _____
Mother's Phone _____ Work Phone _____
Father's Phone _____ Work Phone _____
Mother's email _____
Father's email _____
Is the student currently classified? ____ Yes ____ No Classification _____
Last school attended _____

1. Is the student and parents/guardians willing to commit to learning in a program of intensive remediation and study?
_____ Yes _____ No, Please explain:

2. Please list and attach the most recent educational, psychological testing, Speech/Language Evaluation, I.E.P. and other relevant evaluations:

3. Feel free to write any additional comments.

