





# *Bridgeport International Academy*

## Application for Admission Domestic Students

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

Home Phone: ( ) \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Title First Middle Initial Last

Father's Occupation (title/position): \_\_\_\_\_

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

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

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

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

Mother's Name: \_\_\_\_\_  
Title First Middle Initial Last

Mother's Occupation (title/position): \_\_\_\_\_

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

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

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

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

### **C. Guardian Information (if applicable):**

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

Relationship to Student: \_\_\_\_\_

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

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



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## Application for Admission Domestic Students

Home Phone: ( ) \_\_\_\_\_ Home Fax: ( ) \_\_\_\_\_

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

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

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

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

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

### D. Emergency Contact:

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

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: \_\_\_\_\_

### 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.





# ***Bridgeport International Academy***

## **Application for Admission Domestic Students**

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 202  
Bridgeport, CT 06604**