



Bridgeport International Academy

Application for Admission International Students

City State Zip/Postal Code Country

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 Zip/Postal Code Country

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 Zip/Postal Code Country

Office Phone: () Office Fax: () Cell Phone: ()

C. Guardian Information (if applicable):

Name: _____ Relationship to Student: _____

Address: _____
Number Street Building/Suite #

City State Zip/Postal Code Country



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Occupation (title/position): _____

Place of Employment: _____

Address: _____
Number Street Building/Suite #

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Office Phone: () _____ Office Fax: () _____ Cell Phone: () _____

D. Emergency Contact:

Name: _____ Relationship to Student: _____

Address: _____
Number Street Building/Suite #

City State Zip/Postal Code Country

Home Phone: () _____ Home Fax: () _____ Cell Phone: () _____

E. Last School Attended

Name: _____

Type of School: Public Independent Parochial Home School

Address: _____
Number Street Building/Suite #

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F. Other Information

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



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Name	Year of Graduation
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Name	Year of Graduation
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Other Siblings:

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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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 \$ 100.00 application fee, 2 passport pictures, and all other admissions materials to:

**Bridgeport International Academy
Admissions Office
285 Lafayette Street, Suite 202
Bridgeport, CT 06604
United States of America**