

## Bridgeport Hope School 283 Lafayette St. Bridgeport, CT 06604 Tel: 203-576-6773 Fax: 203-333-6336

## Application for Admission 2018-2019

Child's Last Name	First Name	Middle Name
Address (Number and Street)		Apt. #
City		Zip Code
( ) Home Phone #	Date of Birth	Sex Nationality
Father's/Guardian's Name	E-mail	( ) Cell Phone #
Mother's/Guardian's Name	E-mail	( ) Cell Phone #
School Child is Currently Attending		Current Grade
Street Address	City, State, & Zip Code	( ) Phone #
Does your child have any speci	al needs? If so, ple	ease explain on the back of this form.
Has your child ever had any ed	ucational testing done?	Date given:
Reasons for examination:		
Why do you wish to enroll your	r child in Bridgeport Hope School?	
Parent's/Guardian's Signature	Applicant's Signature (Grade 6-8	/ / / Date