Bridges Community Academy
190 St. Francis Avenue
Tiffin, Ohio 44883
Phone: 419.455.9295
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Community School Enrollment Form

Name of Student: _____ Student Social Security No. _____

Student's Date of Birth: _____ Male _____ Female _____ Phone: _____

Address: _____
(Street) (City) (Zip Code)

Ethnic Group:___Black/Non-Hispanic ___Hispanic __Multiracial ___White/Non-Hispanic ___
Asian/Pacific Islander ___American Indian/Alaskan Native

School District of Residence: _____

Current Grade Level: __ Preferred Starting Date: _____

Is student enrolled in any special education or tutorial programs? _____ No _____Yes
If yes, please explain: _____

Is student currently identified as a gifted learner? _____ No _____ Yes

_____ _____ _____
Print Parent/Guardian Name(s) **Signature** of Parent/Guardian Date

(For office use only)
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Entrance
*Date student entered school:*_____ _____
(Signature of Official Accepting Student) *(Date)*

Withdrawal
*Last day student was enrolled:*_____ _____
(Signature of Official Withdrawing Student) *(Date)*

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Withdrawal Form

Date: _____

Name of student:_____ Current Level: LA_____Math_____
SC_____SS_____

Reason for withdrawal:_____

_____

Preferred last day:_____ District student will be attending:_____

_____ _____
Print Parent/Guardian Name(s) **Signature** of Parent/Guardian