# The Learning Bridge SCHOOL

**2017-2018 Enrollment Form START DATE**

STUDENT INFORMATION

Last name First MI

Gender DOB Age Grade

Home address

PARENT / LEGAL GUARDIAN INFORMATION (Please circle custodial adult)

Male Guardian: Relationship Legal guardian? Yes no

Name

Address

City State ZIP

Occupation Employer

Work Address

**Cell phone** Work phone

Home phone DL#

E-Mail address

Female Guardian: Relationship Legal guardian? yes no

Name

Address

City State ZIP

Occupation Employer

Work Address Work phone

**Cell phone** DL#

E-MAIL Address

SPECIAL INSTRUCTIONS:

List any known allergies, physical or psychological disorders, cognitive or developmental disabilities which would limit your child’ participation in activities.

The following accommodations may be required to most effectively meet my child’s

needs.

Current medications (prescription or OTC) which my child takes on a daily basis for long term or continuous medical concerns.

\*\*\*LEARNING BRIDGE DOES NOT ADMINISTER MEDICATIONS\*\*\*

In the event a parent / guardian is not able to pick up the child listed above, the following

adults have my permission to pick up my child. INITIALS

1. Name Relationship Address Phone #
2. Name Relationship Address Phone #
3. Name Relationship Address Phone # Is student on restricted pick-up? YES NO

Please specify restriction

***If biological parent is restricted legal documentation must be on file in order to deny access.***

**HOMEWORK PROGRAM**

Learning Bridge is committed to providing a homework program to best accommodate the parent’s needs. Please initial your preference below:

 I prefer my child complete his/her homework at home. Student will still be required to participate in academic activities and /or reading during homework period.

 I prefer my child to complete his/her homework in program. I understand staff will check agendas/backpacks if necessary.