



Application Form

2017-2018

Head Office
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Dartmouth, Nova Scotia
B2X 1W8

Telephone: 902-465-4800
Toll Free: 1-888-435-3232
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www.bridgeway-academy.com

Application Process:

1. Forward your application, along with copies of a Psycho-educational assessment (administered within the last two years), speech-language assessment (if applicable) and reports from your child's last school. If you do not have copies of these reports, please sign the Release of Information form(s), included in this package (which gives your permission to have the reports and test scores forwarded directly to the Admission and Review Committee of Bridgeway) and forward them to the appropriate professionals, i.e. doctor/hospital/ or school(s).
2. In certain situations, if sufficient background information is not available to determine the nature and extent of your child's learning disability, the Admissions and Review Committee may recommend that additional assessments be obtained.
3. If, on the basis of recent assessments, the Admission and Review Committee does not feel that your child meets the admission criteria, you will be informed by phone and then letter at this point of the application process.
4. If your child meets the admission criteria, the Admissions and Review Committee must decide if a suitable program can be provided by Bridgeway to meet your child's needs. For example, it is possible that a child might meet the admission criteria, but may not be offered placement at Bridgeway because of existing class sizes or compositions.
5. If a suitable program can be put in place for your child, you will be notified by phone and letter. If, due to factors mentioned previously, no placement can be offered, you will also be contacted by phone and letter and advised of alternatives or the likelihood of Bridgeway being able to offer a suitable program in the foreseeable

future. If placement is not offered, you may of course re-apply without prejudice in future years.

6. There is a \$50.00 non-refundable processing fee required.

Bridgeway - Tuition Schedule

Tuition Cost:

The cost per student is \$14,000 per year.

Society Membership:

Each family is invited to have a minimum of one parent/guardian join Bridgeway's Society. Fee per member is \$10.00. This membership not only gives you a voice but also gives you a vote.

Tuition	\$ 14,000.00
Tuition Support Funding	(\$8,500.00)
Supplemental Funding (up to a maximum of 90%)	(\$4,100.00)
Balance Due (paid in full or payment plan in place)	<u>\$1,400.00</u>

This amount can consist of Department of Education funding in the form(s) of Tuition Support, Tuition Agreement, Supplemental Funding or a payment plan needs to be in place as well as a fully completed Registration Package for the current school year.

If this requirement has not been completed students are not to attend until completion of this requirement is full filled.

Receipts for Tax Purposes:

Receipts for tuition will be issued in January for the preceding tax year. Monies received in January will not be issued a receipt until the following January. Receipts for tax purposes will not be issued for that portion of the tuition paid by a Provincial Government School Board Grant, Nova Scotia Department of Education Tuition Support, third person funding or bursaries.

Government or School Board Grants:

To determine if your child is eligible for the Nova Scotia Department of Education tuition support funding please inquire online at www.ednet.ns.ca or by calling (902) 424-4576.

Parents or guardians, of students who are approved to receive funding from the Provincial Government or their local School Board, are responsible to ensure that the required tuition is received by Bridgeway by the dates specified in their Payment Contract.

Bridgeway - Application Form

Date of Application: _____

Location of Campus: Dartmouth _____ Truro _____ Yarmouth _____ Stellarton _____

Full Name of Applicant: _____

Age: _____ Sex: _____ Date of Birth: _____

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

Occupation: _____

Occupation: _____

Telephone: _____

Telephone: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

E-mail: _____

E-mail: _____

Address: _____

Address: _____

City/Province: _____

City/Province: _____

Postal Code: _____

Postal Code: _____

1. Your child's current school and class/grade placement.

2. Please list previous academic help your child has received. (ie. resource assistance, educational assistant support, special class placement, private tutoring, etc.)

3. What do you perceive as your child's academic strengths?

4. What do you perceive as your child's academic needs?

5. Describe how your child gets along with:

a) parents: _____

b) siblings: _____

c) peers: _____

6. How would you describe your child's self esteem?

7. What are your child's primary hobbies, interests, activities?

8. Is there a history of learning disabilities in your family?

9. Were you referred to Bridgeway? If so, by whom?

10. How do you expect Bridgeway to help your child?

11. Does your child have any behavioural, mental health, or social concerns? Please provide details.

12. Has your child ever been physically and/or verbally aggressive toward adults or peers?
If so, please explain.

13. Has your child ever left school property/building without permission of a teacher/administrator/monitor? If so, please explain.

14. Has your child ever received support or intervention other than from their classroom teacher? If yes, are you willing to grant permission to Bridgeway to exchange information with those professionals?

Please forward to the Admissions and Review Committee (copies of the following):

- a) psycho-educational assessment (must be within the last two years)
- b) report cards, include resource reports (most current)
- c) student work samples
- d) speech language/occupational therapy assessments – (most current, where applicable)
- e) tutoring progress report – (where applicable)
- f) signed release of information form (see last page)
- g) \$50.00 application fee (payable by cheque, cash, credit card – Visa or Mastercard, e-transfer: tracy.graham@bridgeway-academy.com)



Bridgeway – Authorization to Release Records

I, _____ give permission for _____

Parent/Guardian Name

Professional's Name

of _____ to release and/or discuss with Bridgeway all Psychological /Education/

Location

Speech Pathology Reports and Test Scores (including Raw Scores and Scaled Scores) concerning my
Son/Daughter/Ward.

Name of Child: _____

Date of Birth: _____

Month / Day / Year

Signature of Parent/Guardian

Witness

Signature of Parent/Guardian

Witness

Date

Date