



Application

Head Office
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Dartmouth, Nova Scotia
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www.bridgeway-academy.com

Application Process:

1. Forward your completed application (all questions/fields mandatory), 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 and/or we will seek information from additional professionals upon request and following a signed release of information form.
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, followed up with a formal letter sent by email (if you require a paper copy please advise) 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 an email letter. If, due to factors mentioned previously, no placement can be offered, you will also be contacted by phone and an email 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 appeal the decision and/or re-apply without prejudice in future years.
6. There is a \$75.00 non-refundable processing fee required at the time of application (preferably payable by e-transfer, to: tracy.graham@bridgeway-academy.com) Payments made by Visa/Mastercard can be made remotely by calling Tracy Graham on 902-465-4800 ext 2 or by Debit payment on site by appointment: **please contact tracy.graham@bridgeway-academy.com to arrange a day/time**). There is an additional processing fee of 3% for payments made by Visa/Mastercard

Bridgeway - 2022-2023 Tuition Schedule

Tuition Cost:

The cost per student is \$17,475.00 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.

Annual Tuition	\$ 17,475.00
Tuition Support Funding	(\$9,900.00)
Supplemental Funding (up to a maximum of 90%)	<u>(\$5,827.00)</u>
Balance Due (paid in full or payment plan in place)	\$1,747.50

This amount can consist of Department of Education funding in the form(s) of Tuition Support, Tuition Agreement, Supplemental Funding or if 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 fulfilled.

Funding 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 Regional Centre for Education (RCE), are responsible to ensure that the required tuition is received by Bridgeway by the dates specified in their Payment Contract.

Date of Application: _____ School Year: _____

Location of Campus: Dartmouth _____ Truro _____ Stellarton _____

Full Name of Applicant: _____

Preferred Name/Known As _____

Age: _____ Sex: _____ Pronoun: _____ 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 past and present academic help your child has received or is currently receiving (ie. resource assistance, educational assistant support, special class placement, private tutoring, etc.)

3. Briefly describe your experience with your child's current school.

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

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

6. Describe how your child gets along with:

a) parents: _____

b) siblings: _____

c) peers: _____

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

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

9. Is there a history of learning disabilities in your family? If yes, please provide brief details:

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

11. What goals do you expect Bridgeway to help your child meet academically and socially?

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

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

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

15. 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? (see Authorization to Release Records form included at the end of Application Form).

I/we hereby declare that to the best of my knowledge, the information I have provided in this application form is true and accurate. I/we acknowledge that any number of omissions in my application may result in dismissal from the Program provided by Bridgeway Academy:

Signature: _____ Print Name: _____

Relationship to student: (ie: mother/father/guardian etc) _____

Date: DD/MM/YYYY _____

Signature: _____ Print Name: _____

Relationship to student: (ie: mother/father/guardian etc) _____

Date: DD/MM/YYYY _____

Admissions and Review Committee - required documentation

Please ensure you have included copies of the following in your application which will be forwarded to the Admissions and Review Committee. *Note: documents and information missing from your application may delay the application process:*

- Psycho-educational assessment (must be within the last two years)
- Report cards, include resource reports for the current school year
- Two or three examples of student work
- Speech language / occupational therapy assessments (most current, where applicable)
- Tutoring progress report (where applicable)
- Signed release of information form (see last page)
- \$75.00 processing fee preferably paid by e-transfer to: tracy.graham@bridgeway-academy.com

Visa/Mastercard payments: can be made remotely by calling Tracy Graham on: 902-465-4800 ext 2 ,

*Debit/Cash/Cheques: made in person: please contact tracy.graham@bridgeway-academy.com to arrange a day/ time.
There is an additional processing fee of 3% for payments made by Visa/Mastercard*



Authorization to Release Records 2022-2023

I, _____ request _____
(print your name) (name of a school or professional)

to release information to the Admissions and Review Committee at Bridgeway Academy:
(please indicate)

Educational programming (*individual Education plans, Report Cards, Program assessments, Psychoeducational Reports, Other Professional's reports*)

Assessment information (*for example; Score Summary obtained by academic assessments, Psychoeducational Reports, Other Professional's reports*)

Social, emotional or behavioural information

Other: _____

Name of Child: _____

Date of Birth: (DD/MM/YY) _____

Signature of Parent/Guardian

Witness

Date

Signature of Parent/Guardian

Witness

Date