2510 SW 1st Avenue, Portland, Oregon 97201
Phone 503-688-2922 | Info@BridgesMS.org

Family Application

Student Name _____
Last *First* *Middle*

Nickname _____ Age _____ Birthdate _____ Sex _____

Most Recent School Attended _____ Grade _____

Applying for School Year _____/_____ Grade _____

Parent & Guardian Information:

_____ _____
Last *First* *Middle* *Relationship to Child*

_____ _____
Street *City* *State* *Zip* *Cell Phone*

_____ _____
Email Address *Home Phone*

_____ _____
Occupation *Employer*

_____ _____
Work Phone *Education*

Parent & Guardian Information:

_____ _____
Last *First* *Middle* *Relationship to Child*

_____ _____
Street *City* *State* *Zip* *Cell Phone*

_____ _____
Email Address *Home Phone*

_____ _____
Occupation *Employer*

_____ _____
Work Phone *Education*

If parents reside separately, what are custody arrangements? _____

_____

Who guarantees payment of school expenses? _____

All School district placements must be initiated by the school district

Names and ages of other children in the family: _____

Student is: Natural _____ Adopted _____ Foster _____

If adopted or foster, at what age? _____ Does the student know? _____

If so, how were they told and what was the reaction? _____

School History (Please list, starting with the present school)

School	*Grade*	*Special Placement*
School	*Grade*	*Special Placement*
School	*Grade*	*Special Placement*

Has student ever repeated a grade? _____ If so, which? _____

What specific educational concerns are you seeking help with? When did the educational problems begin? Please describe any interventions you have tried.

Does your child have any social skill or behavioral concerns that they need help with? If yes, please describe your concerns in detail, when they began, and any interventions you have tried.

Does your child struggle with any of the following?

	Past	*Present*	*Describe*
Academic Achievement			
Attendance			
Discouraged about learning			
Behavior in school			
Disorganization			
Timely completion of work			
Power struggles with parents			
Irritating or disruptive behaviors			
Excessively agitated behaviors			
Impulsivity			
Teased or Bullied by others			
Bullying or aggressive posturing toward others			
Trying to control others			
Most friends younger			
Most friends older			
Often loses friends			
Uses rude or offensive language			
Avoids taking responsibility for negative behaviors			
Destroys property			

Has your child ever had a psychiatric evaluation? Yes _____ No _____

If yes, list name, address, and phone number of evaluator and *please include a copy of the report, or have one sent to us:*

_____

Name *Address* *Phone*

Has your child ever had a psychological evaluation? Yes _____ No _____

If yes, list name, address, and phone number of evaluator and *please include a copy of the report, or have one sent to us:*

_____

Name *Address* *Phone*

Please list any helping professionals who have worked with your child in the past, including but not limited to counselors, therapists, tutors, academic programs, social skills programs, etc:

_____

Type of Help *By Whom (Person/Agency)* *When*

_____

Type of Help *By Whom (Person/Agency)* *When*

_____

Type of Help *By Whom (Person/Agency)* *When*

_____

Type of Help *By Whom (Person/Agency)* *When*

Please list any helping professionals who are currently working with your child:

_____

Name *Type of Help* *Phone*

_____

Name *Type of Help* *Phone*

_____

Name *Type of Help* *Phone*

_____

Name *Type of Help* *Phone*

What kinds of things does your child like to do? _____

_____

_____

_____

_____

Any extra-curricular activities or lessons and for how long? _____

_____

_____

_____

_____

What are your child's strengths and assets? _____

_____

_____

_____

_____

What are your thoughts for your child's ideal classroom? _____

_____

_____

_____

_____

_____

Please describe why you want your child to attend Bridges Middle School, and your hopes and goals:

_____

_____

_____

_____

_____

_____

Do you have any concerns about your child attending Bridges? _____

_____

_____

_____

Student Health Information

How would you describe your child's general health status? Good _____ Fair _____ Poor _____

Any current physical disabilities or medical issues? _____

_____

_____

Do any of the following affect your child?

	Poor Vision		Poor Appetite
	Hard of Hearing		Asthma
	Persistent Headaches		Speech Problems
	Sleeping Problems		Frequent Illness
	Stomachaches		Anxiety

Please list all current medications, treatments, special diets, therapy, restrictions or aids to physical functioning, as well as the prescribing physician or health professional:

_____

_____

_____

Have any physically or emotionally traumatic events happened to your child (such as a car accident, death of close family member, divorce, etc)? If so, at what age and please describe:

_____

_____

_____

_____

Please list any allergies, reactions to those allergies, and treatment or medication prescribed:

_____

_____

_____

Please describe any significant illnesses or diseases your child has had, and at what age:

_____

_____

_____

Are there any unusual family stressors at this time? If yes, please explain.

_____

_____

_____

Is there anything else about your child or family we should know in order to best meet your child's needs?

_____

_____

_____

_____

Who referred you to our program? _____

Signature of person completing application _____

Printed Name _____ Date _____

Relationship to child _____

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Student Writing Sample

(to be filled out by the student who is applying)

Please handwrite a paragraph about your favorite vacation or your favorite pet:

What school subjects do you like? _____

What school subjects do you dislike? _____

Student Name: _____ Date: _____