STUDENT APPLICATION

2019-2020

BRIDGE TO SUCCESS ACADEMY
West Jacksonville 4th- 8th Grade

SUBMIT COMPLETED APPLICATIONS TO:

2115 Commonwealth Ave.
JACKSONVILLE, FLORIDA 32209
PHONE: (904) 630-6592
FAX: (904) 630-6597
EMAIL: wilcoxa@duvalschools.org
WEBSITE: https://dcps.duvalschools.org/btsm

ONCE THE APPLICATION IS SUBMITTED TO THE SCHOOL, THE ADMINISTRATION AT THE BRIDGE TO SUCCESS ACADEMY WILL REVIEW AND DETERMINE THE STUDENTS ELIGIBILITY. IF YOU HAVE ANY PROBLEMS WITH THE APPLICATION OR QUESTIONS REGARDING THE SELECTION PROCESS, PLEASE FEEL FREE TO CONTACT BRIDGE TO SUCCESS AT (904) 630-6592 OR EMAIL US AT wilcoxa@duvalschools.org.

ADMISSION PROCEDURES:

1. AFTER THE APPLICATION HAS BEEN SUBMITTED TO THE SCHOOL, THE PARENT/GUARDIAN WILL BE CONTACTED TO VERIFY ACCEPTANCE OF PLACEMENT WITH BRIDGE TO SUCCESS ACADEMY.

2. PARENTS AND STUDENTS MUST ATTEND A SCHEDULED INTERVIEW WITH THE BTSA Interview Committee. The application must be completed and submitted prior to the date of the interview.

3. THE PARENT/GUARDIAN MUST PROVIDE BRIDGE TO SUCCESS Academy WITH COPIES OF THE STUDENT’S BIRTH CERTIFICATE, SOCIAL SECURITY CARD, IMMUNIZATION RECORD, TRANSCRIPTS / LAST REPORT CARD, IEP/504 PLAN (IF APPLICABLE), AND 2 PROOFS OF ADDRESS. ITEMS MUST BE BROUGHT TO THE INTERVIEW TO COMPLETE THE APPLICATION PROCESS.

4. ONCE ACCEPTED INTO THE PROGRAM AND ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED, A STUDENT SCHEDULE WILL BE GENERATED. AN ACCEPTANCE LETTER WILL BE SENT ONCE THE STUDENT HAS BEEN FORMALLY ACCEPTED INTO THE BRIDGE TO SUCCESS ACADEMY at WEST JACKSONVILLE (Elementary or Middle level).
### I. STUDENT INFORMATION

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<th>STUDENT'S LAST NAME:</th>
<th>FIRST:</th>
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<th>STUDENT NUMBER:</th>
<th>BIRTH DATE:</th>
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<th>STREET ADDRESS:</th>
<th>APARTMENT #:</th>
<th>CITY:</th>
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<td>STATE:</td>
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<tr>
<th>HOME PHONE NUMBER:</th>
<th>CELL PHONE:</th>
<th>WORK PHONE:</th>
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| EMAIL ADDRESS:      |              |             |

### II. ACADEMIC DETAILS

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<th>GRADE LEVEL FOR 2019-2020:</th>
<th>HAS THE STUDENT BEEN RETAINED?</th>
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IF YES, PLEASE SELECT THE GRADE(S) THE STUDENT HAS BEEN RETAINED:

- KG
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th

Spring **Reading** IReady Score: __________

Spring **Math** IReady Score: __________

Spring Achieve 3000 Lexile Level: __________

**DOES THE STUDENT HAVE AN IEP OR 504 PLAN?** YES NO

**WAS THE STUDENT ENROLLED IN A DCPS SCHOOL LAST YEAR?** YES NO

**PLEASE LIST THE SCHOOL(S) THE STUDENT ATTENDED IN THE 2017-2018 SCHOOL YEAR AND LIST DATES OF ATTENDANCE:**

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<th>SCHOOL:</th>
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**IF THE STUDENT ATTENDED PRIVATE SCHOOL, HOME SCHOOL, OR A SCHOOL OUTSIDE OF DUVAL COUNTY, DO YOU HAVE COPIES OF TRANSCRIPTS, REPORT CARDS, AND/OR IEP/504 PLAN?** YES NO
Answer the question below in a detailed paragraph with no more than 500 words. Be mindful of your goals and aspirations as you progress through the Bridge to Success Academy.

**Student Success Statement:**

As a Bridge to Success Academy student I plan to

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## III. SUPPLEMENTAL INFORMATION

**HAS YOUR STUDENT COMMITTED ANY CLASS 2 OR 3 OFFENSES WITHIN THE LAST SCHOOL YEAR?** □ YES □ NO

IF YES, PLEASE EXPLAIN:

__________________________

__________________________

__________________________

**HAS YOUR STUDENT RECEIVED SERVICES FROM ANY OF THE FOLLOWING DROPOUT PREVENTION OR SECONDARY SERVICES? (CHECK ALL THAT APPLY)**

□ CATAPULT ACADEMY □ DUVAL JUVENILE JUSTICE PROGRAM □ DUVAL VIRTUAL INSTRUCTIONAL ACADEMY

□ FLORIDA VIRTUAL SCHOOL □ JOB CORPS □ MARINE SCIENCE CENTER □ MATTIE V. RUTHERFORD / GRAND PARK

□ STANDARDS BASED PROMOTIONS □ PACE □ TEEN PARENT

HOW WOULD THE BRIDGE TO SUCCESS PROGRAM BENEFIT YOUR STUDENT? (Parent or Guardian)

__________________________

__________________________

__________________________

## IV. PARENT / GUARDIAN INFORMATION

**WHO DOES THE STUDENT LIVE WITH?** □ MOTHER □ FATHER □ BOTH PARENTS □ LEGAL GUARDIAN □ OTHER ___________________________

**FATHER’S NAME:**

STREET ADDRESS:                        CITY:                        STATE:                        ZIP CODE:

HOME PHONE:                                CELL PHONE:                     EMAIL ADDRESS:

**MOTHER’S NAME:**

STREET ADDRESS:                        CITY:                        STATE:                        ZIP CODE:

HOME PHONE:                                CELL PHONE:                     EMAIL ADDRESS:

**IF OTHER, PLEASE COMPLETE THE FOLLOWING:**

CONTACT NAME:                            PHONE:

STREET ADDRESS:                        CITY, STATE, ZIP:                   RELATIONSHIP:
V. DECLARATION

I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS FORM IS CORRECT. I UNDERSTAND AND AGREE TO ABIDE BY ALL SCHOOL RULES, INCLUDING BUT NOT LIMITED TO, SCHOOL DISCIPLINE POLICIES, INTER-SCHOOL/CITY TRANSFERS AND PROGRAM EXPECTATIONS. I ALSO ACKNOWLEDGE THAT WHILE THE SCHOOL DOES ITS BEST TO ENSURE THE SAFETY OF EACH CHILD’S LIFE, HEALTH, AND PROPERTY, THE SCHOOL CANNOT BE HELD RESPONSIBLE FOR ANY DAMAGE TO THESE.

FURTHERMORE, I AGREE THAT MY CHILD MAY PARTICIPATE IN THE BRIDGE TO SUCCESS DROPOUT PREVENTION PROGRAM, IF SELECTED.

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<th>Signature of Parent/Guardian</th>
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<th>Signature of Student</th>
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V. FOR OFFICE USE ONLY

FORM RECEIVED ON: 

FORM REVIEWED BY: 

BIRTH CERTIFICATE RECEIVED? □ YES □ NO 

SOCIAL SECURITY CARD? □ YES □ NO 

IMMUNIZATION RECORDS? □ YES □ NO 

TRANSCRIPTS / REPORT CARDS? □ YES □ NO 

IEP/504 PLAN? □ YES □ NO 

ESE? □ YES □ NO 

ESE CODE: 

MATRIX #: 

TWO (2) PROOFS OF ADDRESS? 

1. 

2. 

STUDENT INTERVIEWED BY: 

DATE: 

PARENT INTERVIEWED BY: 

DATE: 

IS THIS STUDENT ACCEPTED INTO BRIDGE TO SUCCESS? □ ACCEPTED □ REJECTED

REASON FOR REJECTION:

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