NYC Department of Education | District 79 Alternative Schools & Programs

Applying for: (Check one location and one semester)
Brooklyn____ Manhattan_____
Fall 2010 _____ Spring 2011 _____

District 79 College Bridge Program

Student Applications Fall 2010-2011

Contact Information

Name: _____
First Name *Last Name*

Home Phone #: _____ Email: _____

Date of Birth: ___/___/___ OSIS # (If not known, leave blank): _____

Address: Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Demographics

Sex: ☐ Female ☐ Male

Ethnicity (OPTIONAL): ☐ American Indian or Alaska Native ☐ Black or African American
☐ Hispanic/ Latino ☐ Asian or Native Hawaiian/Other Pacific Islander ☐ White ☐ Multiracial

---

Parent/Guardian Contact : Name: _____
First Name *Last Name*

Parent/Guardian Home Phone: _____ Work/Cell: _____

Parent/Guardian Email: _____Lives with Parent/Guardian: ☐ yes ☐ no

---

Academic Record:

GED Students: OPT or GED Scores: Reading: _____ Math: _____ Writing: _____

High School Students
GPA _____
Regent Scores: Exam _____ Score _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____