



Open Choice Program
Bridgeport Military Academy
Transportation Application
2025-2026
 Section 97-290 (Choice)

PLEASE PRINT

Student's Last Name _____ First Name _____ Middle _____

Date of Birth _____ Home Language(s) _____ Gender: Male _____ Female _____

Race: ___ Asian ___ Hispanic/Latino ___ Black/African American ___ White ___ Two or more races

Current School _____ Current Grade (2024-2025) _____

2025-2026 Grade Applying for (please circle): 9 10 11 12

Mother/Guardian	Father/Guardian
Name _____	Name _____
Address _____	Address _____
Apt.# _____ City _____ Zip _____	Apt.# _____ City _____ Zip _____
Home Phone () _____	Home Phone () _____
Cell # () _____	Cell # () _____
E-mail _____	E-mail _____

Child resides with: Mother Father Both Other _____

Does your child have any allergies/medical issues: Yes _____ No _____

If yes please list _____

Emergency Contacts:	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

 Signature of Parent/Guardian

 Date

Return to: C.E.S./Open Choice, 23 Oakview Drive, Trumbull, CT 06611,
 or email to: barnesk@cestrumbull.org Complete Applications must be received by **March 15, 2025**