



Register for South Carolina Bridge Connections Academy

Parent/Legal Guardian Information

First Name: _____ Last Name: _____

Email: _____ Phone: _____

By submitting this form, you consent to receive emails, autodialed marketing calls, and text messages from Connections Academy and other educational opportunities at the email address and phone number you provided and agree to our Terms of Use, Privacy Policy and acknowledge that you are at least 18 years of age. You may opt out of receiving these communications at any time. If you do not consent, contact us for more details.

Home Address

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip Code: _____

Student Information

Please provide information below about the student you wish to enroll.

First Name	Middle Name	Last Name	Suffix	Birthdate	Grade Requested
_____	_____	_____	_____	_____	_____

Is the parent or guardian of this student an employee of South Carolina Bridge Connections Academy?

Yes No

Is the student a sibling of a currently enrolled student at South Carolina Bridge Connections Academy who started in a previous year? Yes No

If yes, please provide the name(s) of the enrolled sibling(s): _____