



The Bridge  
Language Learning  
Solutions, Inc.

**OFFICE**

17N Burgundy Corporate Tower,  
252 Sen. Gil Puyat Ave.,  
Makati, 1200 Philippines

**PHONE**

+632 856-3585

**FAX**

+632 856-3220

**EMAIL**

corp@bridgelanguagecenter.com

**WEB**

http://bridgelanguagecenter.com

Application For Admission

## STUDENT REGISTRATION FORM

### PERSONAL INFORMATION

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

*Mailing Address (if different from home address):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Sex:  Male  Female

Native Country: \_\_\_\_\_ Native Language: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Present country of residence: \_\_\_\_\_

Residence in the Philippines:  Since birth  Less than 3 months  
 More than 3 months

### COURSE INFORMATION

Please indicate which program you will be taking: \_\_\_\_\_

Start Date (month/day/year): \_\_\_\_\_

I will study for \_\_\_\_\_ levels.

Language Objective: \_\_\_\_\_

Have you previously applied to or attended The Bridge Language

Institute?  No  Yes *Applied* \_\_\_\_\_

*Attended* \_\_\_\_\_

### HOW DID YOU HEAR ABOUT OUR PROGRAM?

Former Bridge Student

Friend / Family Member

Agent (Please specify: \_\_\_\_\_)

Events / Fair (Please specify: \_\_\_\_\_)

Internet (Please specify: \_\_\_\_\_)

Newspaper or Magazine Advertisement (Please specify: \_\_\_\_\_)

Other (Please specify: \_\_\_\_\_)



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**OTHER INFORMATION**

Please use the space below to notify us of any medical information or special requirements that you feel we should know:

\_\_\_\_\_

What are your hobbies?

\_\_\_\_\_

Employer Name \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Business Address

\_\_\_\_\_

\_\_\_\_\_

Graduate / Currently enrolled in which university / school  
(please indicate course taken for college students)

\_\_\_\_\_

Other languages spoken (please indicate level of proficiency)

\_\_\_\_\_

I agree to be bound to the terms and conditions of The Bridge  
Language Institute.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Signature of Parent / Guardian (if applicant is below 18 years old)

**For school use only**

Student Number \_\_\_\_\_

Date received \_\_\_\_\_ Level \_\_\_\_\_

Classification \_\_\_\_\_

Start Date \_\_\_\_\_ Time \_\_\_\_\_

*The Bridge Language Institute admits students of any race, color, sexual orientation, disability, or national origin to all rights, privileges, programs, and activities generally accorded or made available to students at the School. The School does not discriminate on the basis of color, creed, sexual orientation, disability, or national origin in the administration of its educational policies or any other programs administered by the School.*