

Mail forms to:
Kate Dansereau
GOTTSCHALL ACCESS
PROGRAM
33 James Reynolds Rd. Unit C.
Swansea, MA 02777

GAP APPLICATION/REGISTRATION
Bristol Community College
2017 - 2018

Email forms to Kate Dansereau
katedansereau@community-autism-resources.com

*faxing not available

Student's First Name _____ **Middle Initial** _____ **Last Name** _____ **Maiden Name (if applicable)** _____

Student's Local Address or Residential Program Address _____ **City** _____ **State** _____ **Zip Code** _____

DDS Service Coordinator: _____ **Applicant's D.O.B.** ____/____/____

(____) _____ (____) _____ - ____ - ____
Student's Local Phone Number _____ **Student's Cell Phone Number** _____ **Student's Social Security Number (for Registrar)** _____

Mother's Name _____ **Father's Name** _____

P.O. Box or Street _____

City, State, ZIP _____ **City, State, ZIP** _____

Home Number _____ **Cell** _____ **Home Number** _____ **Cell** _____

Work Number _____ **Work Number** _____

AFTER COMPLETING THE ABOVE, PLEASE CIRCLE THE ONE NUMBER THAT IS BEST TO REACH YOU

Parent/Guardian email address _____ (to communicate events, school closings, information, etc.)
(or write N/A if you do not have an email address)

I will/did receive my: _____ Certificate of Attainment _____ High School Diploma

Insurance Company (or write N/A if you do not have medical insurance) _____
Insurance Co. Name Insurance Policy #

Signature of Applicant/Guardian: _____ **Date:** _____

