



Open Choice Program
Bridgeport Military Academy
Transportation Application
2026-2027
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 (2025-2026) _____

2026-2027 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, 2026**