<u>Mail forms to</u> : Kate Dansereau GOTTSCHALL ACCESS PROGRAM 33 James Reynolds Rd. Unit C. Swansea, MA 02777	GAP APPLICATION/REGISTRATIO Bristol Community College Summer Semester 2016		N <u>Email forms to Kate Dansereau</u> <u>katedansereau@community-autism-</u> <u>resources.com</u> *faxing not available	
Student's First Name	Middle Initial	Last Name	Maide	n Name (if applicable)
Student's Local Address or <u>Residen</u> DDS Service Coordinator:	-	City	State Applicant's D.O.I	Zip Code B//
Student's Local Phone Number Mother's Name	Student's Cel	Father's Name		urity Number (for Registrar)
City, State, ZIP				
Home Number	Cell	Home Number		_Cell
Work Number AFTER COMPLETING THE		Work Number RCLE)THE <u>ONE </u> NUMB		
Parent/Guardian <i>email address</i> (or write N/A if you do not have an email address)			_(to communicate even	ts, school closings, information, etc.)
I will/did receive my:	Certificate of Attainment	High School I	Diploma	
Insurance Company (or write N/A if you	ı do not have medical insurance)			
		Insurance Co. Name		Insurance Policy #
Signature of Applicant/Guardian:		I	Date:	
Community Autism Resources A place to start. A presence on your journey.			Gottschal	ACCESS PROGRAM