

**Mail forms to:**

**Kate Dansereau  
GOTTSCHALL ACCESS  
PROGRAM  
33 James Reynolds Rd. Unit C.  
Swansea, MA 02777**

**GAP APPLICATION/REGISTRATION  
Bristol Community College**

**Email forms to Kate Dansereau**

[katedansereau@community-autism-resources.com](mailto:katedansereau@community-autism-resources.com)

\*faxing not available

Student's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender and preferred pronouns \_\_\_\_\_

Student's Local 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 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

P.O. Box or Street \_\_\_\_\_ 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: \_\_\_\_\_

